

**OCCUPATION QUESTIONNAIRE**

Name of the Life to be Insured

Policy No.

**EDUCATIONAL QUALIFICATION** (already obtained – or state if currently working towards it)

Level of schooling \_\_\_\_\_ Trade paper(s) \_\_\_\_\_

Diploma(s) \_\_\_\_\_ Degree(s) \_\_\_\_\_

Other \_\_\_\_\_

OCCUPATION \_\_\_\_\_ Monthly taxable earnings \_\_\_\_\_

1. Brief description of duties \_\_\_\_\_

2. Approximate percentage of day spent on: Administration \_\_\_\_\_ Supervisory duty \_\_\_\_\_

Manual duties \_\_\_\_\_ Traveling \_\_\_\_\_

**A: IF SELF EMPLOYED, COMPLETE THE FOLLOWING:**

Do you do business on an informal basis, i.e. vendor, stall owner, etc?  YES  NO

If "YES", please supply full details

What are your distribution channels, i.e. informal, regular, customers, contracts? Please specify

Do you operate from home?  YES  NO

Are you registered as a company or a CC?  YES  NO

If "YES", state registered name and street address

Size of company (number of permanent employees) \_\_\_\_\_

**B: IF NOT SELF EMPLOYED, COMPLETE THE FOLLOWING:**

Brief description of nature of employer's business

Employer's name and address

Size of company (approximate number of employees) \_\_\_\_\_

## POSSIBLE HAZARDS

While carrying out your duties do you:

a) work with molten metals, concentrated chemicals or radioactive materials?

YES

NO

b) scale heights? (state heights and how often) \_\_\_\_\_

YES

NO

c) work with electricity? (state voltage/ power in amps) \_\_\_\_\_

YES

NO

d) OTHER, i.e. carry a firearm, work with machinery with exposed moving parts, etc.?

YES

NO

If "YES", please state details

Do you drive in the course of your duties?

YES

NO

If "YES", state type of vehicle, i.e. company car, motorcycle, taxi, delivery van, lorry, truck and details, i.e. **cargo type**

Across border (provincial, national) or local only: state details \_\_\_\_\_

Average distances per trip \_\_\_\_\_ How often \_\_\_\_\_

I hereby declare that the above statements are full, complete and true and agree that this shall form part of my application for the Policy.

Signature \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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