



भारतीय जीवन बीमा निगम

Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act. 1956)

F. No. 500

Office use only

Date of Receipt .....

Inward No. .... Initials .....

Is licence in force ? ..... Initials .....

## QUERIES REGARDING OCCUPATION

Divisional Office \_\_\_\_\_ Branch Office \_\_\_\_\_ Proposal No. \_\_\_\_\_

Agent's Name \_\_\_\_\_ Agent's Code No. \_\_\_\_\_

All answers to be filled in legibly, Answers must be given in words, Strokes of the pen or dots or dashes cannot be accepted as replies)

Name of the Proposer \_\_\_\_\_

(IN BLOCK LETTERS)

<p>A. Please state :</p> <p>(a) Full name of the Employer - - - (Please do not use abbreviations)</p> <p>(b) Department in which you work - - -</p> <p>(c) Your designation or occupation - - -</p> <p>(d) Full details of the nature of your duties - - -</p> <p>(e) It you are a Supervisor, nature of work done under your supervision. - - -</p>	<p>A.</p> <p>(a) _____</p> <p>(b) _____</p> <p>(c) _____</p> <p>(d) _____</p> <p>(e) _____</p>
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B. Please answer the question Nos. \_\_\_\_\_ below which are marked which a sign (✓)

<p>1. (a) What is the usual temperature during working hours of the place where you work ?</p> <p>(b) Do you work around a furnace ? - - -</p> <p>(c) Do you handle heated or molten metals or work around molten metals ? - - -</p> <p>(2) (a) Do you do grinding buffing, polishing, galvanising, dipping, Picking or tinning ? - - -</p> <p>(b) If so, state which operation ? - - -</p> <p>3. Do you do gas or electric welding or cutting ? - - -</p> <p>4. (a) Do you handle electrical equipment ? - - -</p> <p>(b) If so, state (i) the nature of equipment ? - - - (ii) the voltage generated or carried - - - (iii) the nature of your work - - -</p> <p>5. (a) Do you operate switchboards ? - - -</p> <p>(b) If so state (i) the maximum voltage controlled - - - (ii) whether operated by direct or remote control</p> <p>6. (a) Are you required to climb poles or work at heights ? - - -</p> <p>(b) If so, state for what purpose - - -</p> <p>7. Do you do spray painting ? - - -</p> <p>8. (a) Do you handle or remain exposed in fumes or gases, acids, dyes, or other chemicals ? - - -</p> <p>(b) If so, state which gas, acid, chemical or dye and the nature of your work ?</p>	<p>1. (a) _____</p> <p>(b) _____</p> <p>(c) _____</p> <p>(2) (a) _____</p> <p>(b) _____</p> <p>3. _____</p> <p>4. (a) _____</p> <p>(b) (i) _____ (ii) _____ (iii) _____</p> <p>5. (a) _____</p> <p>(b) (i) _____ (ii) _____</p> <p>6. (a) _____</p> <p>(b) _____</p> <p>7. _____</p> <p>8. (a) _____</p> <p>(b) _____</p>
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P.T.O.

9. (a) (i) Do you handle or carry explosives or supervise the work of persons carrying explosives ? - (ii) If so, state the type of explosives, and nature of your work (b) If you do not handle explosives at what distance from the place of your work are explosive handle or stored ? (c) Do you work in salvage and reconditioning department ?	9. (a) (i) _____ (ii) _____ (b) _____ (c) _____
10. If you are employed in mining industry, state : (i) the type of mine - - - (ii) Whether you work underground - - - (iii) the average number of hours underground work per week (iv) your designation and the nature of your duties -	10. (i) _____ (ii) _____ (iii) _____ (iv) _____
11. Do you drive trucks or lorries ?	11. _____
12. _____	12. _____
13. Please state any other facts regarding your occupation which you consider important. - - -	13. _____ _____ _____

### **DECLARATION**

I, \_\_\_\_\_ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for Insurance and the Declaration relative thereto shall form the basis of the contract between me and the Life Insurance Corporation of India and that if any nature averment be contained therein the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 19

Signature of Witness \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of thumb impression of the Proposer

If the answers to the question in this form are given in vernacular or if the answers to the questions are given in English but the proposer signs in vernacular then the Proposer should declare in his own handwriting above his own signature that all question were explained to him and that his replies were given after fully and properly understanding the same.

#### **In case the Proposer is illiterate ;**

(1) This declaration should be made by the person filling in the form

(1) I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the Proposer,

Address of the Declarant } \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

(2) The thumb impression of the Proposer should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him.

(2) I hereby declare that I have explained the contents of the Proposal Form to the Proposer in \_\_\_\_\_ (language) and that I have read out to the Proposer the answers to the questions dictated by the Proposer and that the Proposer has affixed his thumb impression to the Proposal Form after fully understanding the contents thereof.

Address of the Declarant } \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature