

Underwriting Questionnaire

Hazardous Occupations



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Law enforcement

- Armed car guard Bank guard Municipal police Motorcycle police
 Penal guard Border patrol Fishery officer

Federal agencies

- FBI DEA DIA SWAT
 Federal Air Marshall Secret Service SCIS Bomb disposal crew

Fisherman

- Type of fishing Crab Lobster Crocodile Other _____

Length of stay _____ Type of water _____

Type of vessel _____ Size of vessel _____

Other

Job Title

Description/Duties

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Building/Construction | _____ | _____ |
| <input type="checkbox"/> Mining/Quarrying | _____ | _____ |
| <input type="checkbox"/> Mountain blasting | _____ | _____ |
| <input type="checkbox"/> Oil/Natural gas | _____ | _____ |
| <input type="checkbox"/> On-shore exploration
drilling/production | _____ | _____ |
| <input type="checkbox"/> Off-shore
drilling/production | _____ | _____ |
| <input type="checkbox"/> Metal industry | _____ | _____ |
| <input type="checkbox"/> Lumber industry | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |