

Oil rig Questionnaire To be completed by the Applicant

Name, First name: _____

Application no.: _____ Dated: _____

This questionnaire will form part of the application

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| 1. | Where are you employed? (i.e. area of activity):? <input type="checkbox"/> Exploration <input type="checkbox"/> Installation <input type="checkbox"/> Drilling / Mining <input type="checkbox"/> Other – please provide detail _____ |
| 2. | Are you employed on a drilling rig or production platform? <input type="checkbox"/> No <input type="checkbox"/> Yes - please provide details _____ |
| 3. | Company name: Where are your activities carried out? <input type="checkbox"/> Onshore <input type="checkbox"/> Offshore |
| 4. | Please give details of weather conditions of surrounding waters (e.g. gusty winds, hurricane, cyclone): _____ _____ |
| 5. | Please give details of specific occupation (e.g. rotary driller/engine-operator/floor hands, derrick operators, roustabouts): _____ _____ |
| 6. | What shifts do you work? |
| 7. | Other contract work? (e.g. catering personnel, nurse, doctor, safety inspector) |
| 8. | Please give details of mode of transport to and from the rig/platform? |
| 9. | If you are a diver on an oil rig, please provide adequate details: - Max depth of dives _____ - Number of dives per week/month _____ - Are you based on the rig/platform? _____ - Do you sleep in compression chambers? _____ |
| 10. | Is there an active, comprehensive safety-training program in place? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details _____ |
| 11. | Do you participate in all standard safety drills? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details _____ |

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| 12. | Are you trained in ocean survival skills? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details _____ |
| 13. | When appropriate, are you supplied with safety gear (e.g. exposure suits, life jackets, hard hats and steel-toed footwear, protective gloves etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details _____ |

The Drilling Rig and Production Platform

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| 1. | Are there emergency medical services on board (nurse, doctor, dispensary) <input type="checkbox"/> No <input type="checkbox"/> Yes - please provide details _____ |
| 2. | Are there emergency medical services on board (nurse, doctor, dispensary) <input type="checkbox"/> No <input type="checkbox"/> Yes - please provide details _____ |
| 3. | How often are pipelines, production units and storage tanks checked for deterioration and potential leaks? _____ |

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| Other comment: | _____ _____ _____ |
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| I declare that the answer I have given are, to the best of my knowledge, true and I have not withheld any material information that may influence the assessment of acceptance of this proposal. I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract. | |
| Signed _____ | Date _____ |