

## Oil rig Questionnaire To be completed by the Applicant

Name, First name: \_\_\_\_\_

Application no.: \_\_\_\_\_ Dated: \_\_\_\_\_

This questionnaire will form part of the application.

<p>1. Where are you employed? (i.e. area of activity):?</p> <input type="checkbox"/> Exploration <input type="checkbox"/> Installation <input type="checkbox"/> Drilling / Mining <input type="checkbox"/> Other — please provide details _____
<p>2. Are you employed on a drilling rig or production platform?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please provide details _____
<p>3. Company name: Where are your activities carried out?</p> <input type="checkbox"/> Onshore <input type="checkbox"/> Offshore
<p>4. Please give details of weather conditions of surrounding waters (e.g. gusty winds, hurricane, cyclone):</p> <p>_____</p> <p>_____</p>
<p>5. Please give details of specific occupation (e.g. rotary driller/engine-operator/floor hands, derrick operators, roustabouts):</p> <p>_____</p> <p>_____</p>
<p>6. What shifts do you work?</p>
<p>7. Other contract work? (e.g. catering personnel, nurse, doctor, safety inspector)</p>
<p>8. Please give details of mode of transport to and from the rig/platform: orm ?</p>
<p>9. If you are a diver on an oil rig, please provide adequate details:</p> <p>- Max depth of dives _____</p> <p>- Number of dives per week/month _____</p> <p>- Are you based on the rig/platform ? _____</p> <p>- Do you sleep in compression chambers? _____</p>
<p>10. Is there an active, comprehensive safety-training program in place?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes — please provide details _____
<p>11. Do you participate in all standard safety drills?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes — please provide details _____
<p>12. Are you trained in ocean survival skills?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes — please provide details _____
<p>13. When appropriate, are you supplied with safety gear (e.g. exposure suits, life jackets, hard hats and steel-toed footwear, protective gloves etc.)?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes — please provide details _____

**The Drilling Rig and Production Platform**

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? _____

Other comment :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 pf my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signed \_\_\_\_\_ Date \_\_\_\_\_