

## Oil rig Questionnaire To be completed by the Applicant

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

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

This questionnaire will form part of the application

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 _____

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**

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:	_____ _____ _____
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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 _____