

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

- Building/Construction _____
 Mining/Quarrying _____
 Mountain blasting _____
 Oil/Natural gas _____
 On-shore exploration drilling/production _____
 Off-shore drilling/production _____
 Metal industry _____
 Lumber industry _____
 Other _____