

Oil Rig Questionnaire

To be completed by the Applicant:

Full Name of the Applicant:

Application / Policy No:

Dated:

This questionnaire will form part of the application.

If any questions below are answered "Yes", please supply full details below where applicable.

1. Where are you employed? (e.g. area of activity):

- Exploration
- Installation
- Drilling / Mining
- Others, please provide details:

2. Are you employed on a drilling rig or production platform?

- No
- Yes, please provide details:

3. Company Name:

Where are your activities carried out? Onshore 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?

- No
- Yes, please provide details:

11. Do you participate in all standard safety drills?

- No
- Yes, please provide details:

12. Are you trained in ocean survival skills?

No

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.)?

No

Yes, please provide details:

The Drilling Rig and Production Platform:

1. Are there emergency medical services on board (nurse, doctor, dispensary)?

No

Yes, please provide details:

2. Is the fire detection, suppression and emergency shutdown equipment checked and serviced regularly?

No

Yes, please provide details:

3. How often are pipelines, production units and storage tanks checked for deterioration and potential leaks?

Other comments:

I declare that the answers 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:

Dated:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---