

Form Occ 03 - Supplementary Questionnaire
North Sea/Offshore Occupations

Full Name: _____ **Date of Birth:** _____

Please remember that failure to answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.

1. What is your precise occupation?

2. How long have you been in this occupation? Years Months

3. Describe the duties involved and include details of any work at heights, in the drilling area, etc.

4. What specialist equipment do you use?

5. Do your duties involve the handling of explosives?
If yes, please provide full details. Yes No If **yes**, please give full details:

6. Do your duties include diving? Yes No

***If yes, please complete the
Supplementary Diving Questionnaire - Form Pst 02***

Note:
Please ensure your answers given in this questionnaire are, to the best of your knowledge, true and complete and that no information is withheld which may influence the underwriting of the application(s) for Life Assurance, Critical Illness cover, Income or Mortgage Payment Protection. Failure to disclose any material facts known may affect the terms offered. If you fail to provide any of this information or if you mis-state any information this could mean that the terms offered may be amended or withdrawn.
If you are uncertain as to the relevance of any such information please disclose it anyway.