

# Oil and natural gas

## Supplementary questionnaire (to be completed by the life to be insured)

### Instructions

Please complete this form in **CAPITAL** letters. All questions must be answered accurately with full disclosure of all relevant information.

If there is insufficient space for any answer please continue on a separate piece of paper and attach to this questionnaire.

Oil and natural gas divers should use the supplementary diving questionnaire.

### 1 Personal details

#### Full name of life to be insured

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

Family name

Forename(s)

Date of birth

Proposal number

### 2 Supplementary questions

Where are you based? (please tick one only).

Land

Offshore

Please describe exact geographical area where you usually work (e.g. British sector of North Sea, etc.).

What mode of transport do you use to get to and from the rig? (e.g. flight, etc.).

Mode of transport	Number each year	Duration of flight(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

How long is your normal length of stay on the rig?

Please provide the name of your employer and its country of origin.

What is your exact job title?



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