

# 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

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Building/Construction                       | _____ | _____ |
| <input type="checkbox"/> Mining/Quarrying                            | _____ | _____ |
| <input type="checkbox"/> Mountain blasting                           | _____ | _____ |
| <input type="checkbox"/> Oil/Natural gas                             | _____ | _____ |
| <input type="checkbox"/> On-shore exploration<br>drilling/production | _____ | _____ |
| <input type="checkbox"/> Off-shore<br>drilling/production            | _____ | _____ |
| <input type="checkbox"/> Metal industry                              | _____ | _____ |
| <input type="checkbox"/> Lumber industry                             | _____ | _____ |
| <input type="checkbox"/> Other                                       | _____ | _____ |