



Bharti AXA Life Insurance Company Limited

Registered Office: Unit No. 1904, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra
www.bharti-axalife.com Call centre: 1800- 103- 4444 Registration Number: 130

Service address: Bharti AXA Life Insurance Company Ltd., Spectrum Tower, 3rd Floor, Malad Link Road, Malad (West), Mumbai - 400064.

MERCHANT MARINE QUESTIONNAIRE

Details of the Life to be insured

Name _____

Address _____

Proposal No. _____

I hereby agree that the statements below shall form part of my proposal for insurance and I declare that such statements together with the said proposal and declaration shall be the basis of the contract between Bharti AXA Life Insurance Company Limited and myself.

1	Please state your designation/occupation	
2	Please describe the exact nature of the duties you perform	
3	Is there any aspect of your job which could be hazardous to your health (e.g. working with fumes, dangerous chemicals etc) (If "YES", give full details)	<input type="checkbox"/> YES / <input type="checkbox"/> NO
4	Have you ever been hospitalized / been treated for any injury / accident whilst at work? (If "YES", give full details)	<input type="checkbox"/> YES / <input type="checkbox"/> NO
5	a) Does your occupation involve going to sea? If "Yes", which type of vessel do you work on? (e.g. Ocean liner, Passenger vessel/ferry, Cargo vessel, oil rig barge or supply ship, other, please specify) b) How often, and for what periods of time are you at sea?	a) <input type="checkbox"/> YES / <input type="checkbox"/> NO b)
6	Does your duty require working in the engine room?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
7	Is there any other relevant information which may assist us in processing your proposal for life insurance	

I declare that the above answers are correct to the best of my knowledge and belief.

Signature/Thumb Impression of Life to be insured _____

Date _____

Place _____