



### Bharti AXA Life Insurance Company Limited

Registered Office: Unit No. 1904, 19<sup>th</sup> Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra  
[www.bharti-axalife.com](http://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.

## MINING AND QUARRYING 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 (Please describe the manual and physical nature of job you perform)	
3	Would work/occupation affect your personal health? (If "YES", give full details)	<input type="checkbox"/> YES / <input type="checkbox"/> NO
4	Have you ever been hospitalized/taken treatment for injury/accident whilst at work? (If "YES", give full details)	<input type="checkbox"/> YES / <input type="checkbox"/> NO
5	Do you currently or have you ever had treatment for any respiratory complaint? (If "YES", give full details)	<input type="checkbox"/> YES / <input type="checkbox"/> NO
6	Are you exposed to chemicals, toxic fumes or any other hazardous material? (If "YES", give full details)	<input type="checkbox"/> YES / <input type="checkbox"/> NO
7	Which of the following types of mining are you involved in? 1. Coal 2. Potash, rock salt, gypsum, tin 3. Clay and stone working 4. Other (specify)	
8	Are you involved in 1. Open cast mining 2. Underground mining 3. Surface explosives 4. Underground explosives 5. Asbestos mining If working underground please give full details (exact nature of duties, depth etc.)	<input type="checkbox"/> YES / <input type="checkbox"/> NO <input type="checkbox"/> YES / <input type="checkbox"/> NO <input type="checkbox"/> YES / <input type="checkbox"/> NO <input type="checkbox"/> YES / <input type="checkbox"/> NO <input type="checkbox"/> YES / <input type="checkbox"/> NO
9	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 \_\_\_\_\_