

OCCUPATIONALQUESTIONNAIRE

CONFIDENTIAL

To be	com	pleted in English by	the life assured.					
Full r	name	of life assured						
Date	Date of birth (dd/mm/yyyy)							
Exac	t occi	upation						
1.	Wh	at is your job title?						
2.	Wh	at industry are you e	ngaged in?					
3.	Please describe:							
	a)	Your normal duties						
	b)	any occasional dutie	es you undertake, and advise the approximate percentage of time for each duty					
4.	In v	In what area do you work (e.g. office, outdoors, factory, etc)						
5.	Do	your duties involve a	ny of the following?					
	Lift	ing or moving heavy	goods:					
		Yes No	If Yes, please provide details below.					
	Wo	rking underground:						
			If Yes, please provide details below.					
		Yes No	ii res, piedse provide detdiis below.					



1

		equipment, chemicals, explosives, radio-active or other potentially hazardous materials?					
Yes	No	If Yes, please provide details below.					
Flying in a	Flying in an unscheduled aircraft:						
Yes	No	If Yes, please provide details below.					
Variable v	vorking hours:						
Yes	No	If Yes, please provide details below.					
Working a	at heights:						
Yes	No	If Yes, please provide details below.					
a) Avera	age heights wor	ked?					
b) Do yo	ou ever work at No	heights above 50 feet/15 metres? If Yes, please advise on height and proportion of time working at this height.					
Working i	n adverse envir	onmental conditions:					
Yes	No	If Yes, please provide details below.					
The requi	The requirement of a medical certificate or specific licence:						
Yes	No	If Yes, please provide details below.					
Does you	Does your job involve travel?						
Yes	No	If Yes, please provide details below.					
How man	y miles per wee	k?					
How do y	ou travel?						

6.

7.	Has your health ever been affected by the work you do or have done?					
	Yes	No	If Yes, please provide details below.			
8.	Have you	ever had an	accident whilst working?			
	Yes	No	If Yes, please provide details below.			
DATA	PROTECT	ION				
perfor provious policy inside	rmance of y de to you o at www.rl and outsid	your contract r may stop to 360.com/pr de of RL360	onal data. We require your personal data so we can provide you with services relating to the ct. You may ask us to stop processing your data, however this may disrupt the services RL360 can us being able to assist you. To find out how long we will keep your data, please refer to our privacy rivacy. Any data you provide to RL360 may be shared, if allowed by law, with other companies both and to persons who act on your behalf. Data and information about you can be transferred outside 0 may be required to provide it to its regulator, its government or anyone else required by law.			
for ma			d information to allow for the administration of your policy, prevent crime, prosecute criminals and tistics. RL360 will, at all times, make sure that your data and information is only used in ways that ar			
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	ull privacy s ction Office		an be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data			
DECL	ARATION					
			wers are true to the best of my knowledge and that I have not withheld any information that may acceptance of this application.			
I give	my expres	s consent fo	or the information in this form to be processed.			
_	,		ary questionnaire will form part of my application to the company and that non-disclosure of any nay invalidate the contract.			
Signa	ture of life	assured				
Date ((dd/mm/y)	/yy)				

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3

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