



NAME			
FIRST NAME			
DATE OF BIRTH			APPLICATION OR POLICY NUMBER
D	M	Y	

MILITARY QUESTIONNAIRE

1. Please provide service, division or unit and rank details: _____

2. Are you full-time, part-time (e.g. reserve or territorial) or retired? _____

3. Where you are currently stationed? _____

4. Do you expect to be posted or relocated? Yes No If yes, details: _____

5. Please provide details of your actual duties: _____

6. Do you participate in any of the following duties:

a) weapons handling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) explosives handling including demolition and ordinance disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) underwater diving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) aviation (indicate whether pilot or crew, type of aircraft, annual flying hours etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) parachuting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) special services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) overseas peace keeping mission	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered **yes** to any of the above questions, please provide full details: _____

7. Have you been alerted or placed on notice for overseas duties? Yes No If yes, details: _____

I declare the information above is true and complete and that it will form part of my insurance application with **UL Mutual**.

X _____ SIGNATURE OF THE PROPOSED INSURED	X _____ SIGNATURE OF THE POLICY OWNER
X _____ WITNESS	_____ DATE