



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

### QUESTIONNAIRE FOR MINING WORKERS

1. **What is the main mineral exploited at the mine you are working?**  
 gold, silver, etc. \_\_\_\_\_

2. **Briefly describe your work:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. **Is the mine?**  
 a) Open Air: Yes  No   
 b) Underground: Yes  No

4. **Do you work:**  
 a) Underground: Yes  No   
 b) On Surface: Yes  No

5. **If you work underground, how many hours per week do you work underground:** \_\_\_\_\_

6. **Do you manipulate explosives?** Yes  No

7. **Other information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If your application is not approved standard do you wish:**  a rating  
 an exclusion

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

X \_\_\_\_\_ X \_\_\_\_\_  
 SIGNATURE OF THE PROPOSED INSURED SIGNATURE OF THE POLICY OWNER

X \_\_\_\_\_ X \_\_\_\_\_  
 WITNESS DATE