



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 _____
 WITNESS DATE