UV INSURANCE

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

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_____
SIGNATURE OF THE PROPOSED INSURED

X_____
SIGNATURE OF THE POLICY OWNER

X_____
WITNESS

_____
DATE

P.O. Box 696, Drummondville (Quebec) J2B 6W9 ■ Phone: 819 478-1315 ■ Toll free: 1 800 567-0988 ■ Fax: 819 474-1990

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