

Statements of Employees of the Armed Forces and the Security Services



▶ Please fill in all the details completely and legibly.

Application No. / Policy No.

Proposed Insured's Name

Proposed Insured's Date of Birth

1. State the branch/department that you are currently working in:

2. What is the nature of your daily tasks?

3. Are there plans to transfer to another branch or another location?

Yes No

If the answer is 'yes', please provide details.

4. Does the nature of your work include the tasks of the special forces or prepare for combat missions?

Yes No

If the answer is 'yes', please provide details.

5. Does the nature of your work require diving or parachuting?

Yes No

If the answer is 'yes', please provide details.

6. Do you deal with explosives or are you expose to them?

Yes No

7. Do you fly a or travel by a military aircraft?

Yes No

If the answer is 'yes', please provide details.

If you have any additional details, please state it here

Endorsement

I hereby declare that the above statements are true and complete and understand that failure to disclose the full facts may cause the insurance policy to be declared void and agree that this questionnaire shall form a part of the contract issued between myself and the Company.

Name of the Proposed Insured/ Applicant

Signature

Date

x