



Hazardous Occupations

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Law enforcement

- Armed car guard Bank guard Municipal police Motorcycle police
 Penal guard Border patrol Fishery officer

Federal agencies

- FBI DEA DIA SWAT
 Federal Air Marshall Secret Service SCIS Bomb disposal crew

Fisherman

- Type of fishing Crab Lobster Crocodile Other _____

Length of stay _____ Type of water _____

Type of vessel _____ Size of vessel _____

Other	Job Title	Description/Duties
<input type="checkbox"/> Building/Construction	_____	_____
<input type="checkbox"/> Mining/Quarrying	_____	_____
<input type="checkbox"/> Mountain blasting	_____	_____
<input type="checkbox"/> Oil/Natural gas	_____	_____
<input type="checkbox"/> On-shore exploration drilling/production	_____	_____
<input type="checkbox"/> Off-shore drilling/production	_____	_____
<input type="checkbox"/> Metal industry	_____	_____
<input type="checkbox"/> Lumber industry	_____	_____
<input type="checkbox"/> Other	_____	_____