

OIL RIG/ GAS EXPLORATION RISK QUESTIONNAIRE

IMPORTANT NOTICE:

This is to be completed by HR or authorised personnel.

You are to disclose in this form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy if issued hereunder may be invalidated. If you are in any doubt about whether certain facts are material, these facts should be disclosed.

Corporate Name :

Company Address:

1. Please state the location of the Offshore Drilling Rigs.

2. Please state the scope of duties involved in Offshore Site.

3. How many employees are involved in this nature of work out of the total to be insured, their nationality / locality of their work sites / activities involved / length of stay on off-shore rigs / total sum insured.

4. Will explosives be used? Yes No

5. Does the offshore work involve working at heights? Yes No

If yes, maximum height _____ (in metres).

6. Does the offshore work involve underwater work/diving activities? Yes No

If yes, maximum depth _____ (in metres).

7. When working offshore, what type of installation used?

- on oil-rig
- fixed platform
- floating platform
- jack-up
- submerge or semi-submerge
- drill ship
- drill boat

8. What is the mode of transport to and from the rig location?

9. Kindly specify if there is prior loss history, if any.

Other comments:

Signed _____

Date _____

Name: _____

Company stamp: _____