Questionnaire

Friends Provident International

Oil and Natural Gas Industry

Name in full (as shown on ID card/passport)

Date of birth (DD/MM/YYYY)

Application number or reference (if known)

Please complete all details.

Please answer the following questions fully and accurately to the best of your knowledge. Failure to provide complete and accurate information may affect the assessment and acceptance of any cover we offer or continue to offer. Please do not assume that we will obtain information from any other sources we may be in contact with.

Any information you provide will be kept in the strictest confidence and will form part of your insurance application.

Once you have completed the relevant section, please read and sign the Declaration at the end of this document. If you run out of space when writing your answers, please continue on a separate sheet of paper, make reference to it in the questionnaire and attach the extra sheets to this document.

Offshore Exploration Worldwide

1 What is your occupation:

Bargemaster (Captain)		Pipelaying Barges (give details below)	
Catering Staff		Radio Operator	
Cementer		Rig Electrician	
Control Room Operator		Rig Mechanic	
Crane Operator		Rig Medic	
Derrickman (Topman)		Rig Welder	
Driller		Rigger	
Drilling Engineer		Roughneck	
Drilling Supervisor		Roustabout	
Geologist		Sub Sea Engineer	
Logger (Electric)		Supply Ship (give details below)	
Motorman		Survey Ship (give details below)	
Mud Engineer (Mud Man)		Tool Pusher	
Mud Logger		Tool Pusher (Assistant)	
Petroleum Engineer		Well Tester	

Offshore Exploration Worldwide (continued)

If your occupation is not listed above or if further details are needed, please give information here eg Job title, brief details.

Do you use explosives? Yes ☐ No ☐ Is manual work involved? Yes ☐ No ☐

2 Name of Employer

3 Geographical area of operations

4 a) Work pattern offshore — Weeks on | Weeks off

b) If only occasional visits, how many each year and duration of visit

Land operations abroad

5 Are you likely to work on land operations abroad? Yes ☐ No ☐ If Yes, please complete questions 6–9

6 Where are you likely to work?

7 Will you work in remote areas? Yes ☐ No ☐ If Yes, how near in terms of hours is medical aid?

8 What job are you likely to do?

9 If you are likely to fly other than as a passenger in an aircraft licensed to carry passengers and flown by a pilot holding a commercial licence, please give details.

- Number of hours p.a.
- Reason for flight
- Areas of flying

Data Protection

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services Friends Provident International Limited ("FPIL") can provide to you or may stop FPIL from being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.fpinternational.com/legal/privacy-and-cookies.

Any data you provide to FPIL may be shared, if allowed by law, with other companies both inside and outside of FPIL and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and FPIL may be required to provide it to its regulator, its government or anyone else required by law.

FPIL will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. FPIL will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information FPIL holds about you free of charge by writing to our Data Protection Officer, Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA, or by emailing DPO@fpiom.com. We can reserve the right not to send you your personal data in some circumstances. If we do we will write to you setting out the reasons why.

Our full privacy statement can be viewed at https://www.fpinternational.com/legal/privacy-and-cookies or can be obtained by requesting a copy from our Data Protection Officer.

Declaration

I declare that the information given in this questionnaire is true and accurate in every respect.

I understand that this questionnaire will form part of my insurance application to Friends Provident International and failure to provide complete and accurate information may affect the assessment and acceptance of any cover Friends Provident International offers or continues to offer and could result in a policy being cancelled, its terms being amended, a claim being rejected or a reduction in any claim payment.

Signature

Date

I give explicit consent to capture and process my medical/lifestyle data.

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