

Lifestyle and Occupation Questionnaire for Life Insurance

Personal Information

Full Name

Date of Birth

Email

Phone Number

Address

Lifestyle Information

Do you smoke?

Yes
 No

If yes, how many cigarettes per day?

Do you consume alcohol?

Yes
 No

If yes, how often per week?

Do you participate in any hazardous sports or activities?
(e.g. skydiving, scuba diving, motorsports)

Yes
 No

If yes, please provide details

Height (cm)

Weight (kg)

Occupation Information

Current Occupation / Job Title

Employer / Company Name

Briefly describe your main duties

Do you work in a hazardous environment?

Yes
 No

If yes, please specify

Do you travel as part of your occupation?

Yes
 No

If yes, please specify locations and frequency

Declaration & Signature

I hereby declare that the information provided above is true and complete to the best of my knowledge.

Signature

Date