

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