

EMPLOYER – EMPLOYEES QUESTIONNAIRE

1. Name of the employer _____
2. What is the object of insurance contract ? _____
3. How many employees are working in your unit _____
4. a) Name of the employee being covered _____
 b) His designation / occupation _____
 c) Nature of duties assigned _____
 d) His annual income _____
1. Who will be the person authorized by the employer to sign the proposal on behalf of the employer ?

2. Do you wish to impose any restriction / conditions in respect of surrender, loans etc by the employee after you assign the policy in favour of the employee ? _____
7. Are you agreeable to abide by the conditions of acceptance, which shall rest solely with the LIC of India? _____

I agree I will assign the policy in favour of the above employee and the declarations made by me will form a part of Insurance contract being entered into in respect of mine.

**Signature & seal of the employer
Authorised representative with designation.**