

**Disability Insurance Application Supplement  
Occupational Duties Questionnaire**

Standard Insurance Company • Individual Underwriting Department  
1100 SW Sixth Avenue • Portland, OR 97207-1093

\_\_\_\_\_  
Proposed Insured (please print)

This application supplement is part of application(s) for insurance on the above named proposed insured. In this application supplement, "you" and "your" mean the proposed insured.

1. Describe your OCCUPATIONAL DUTIES by completing A. and B., below.

A. Those regularly performed on a  daily or  weekly basis (check one):

<u>Task</u>	<u>Percentage of Time*</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\*This refers to the percentage of the day or week, as marked, spent in each task. The total percentage of time should add up to 100%. If not, list other tasks in B., below.

B. Describe below any occupational duties you perform on other than a daily or weekly basis:

<u>Task</u>	<u>How Often Performed?</u>	<u>Time Spent</u> (In hours & half hours)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Do you perform any of your occupational duties at your place of residence?  YES  NO  
If yes, explain and give percentage of time in Remarks.

3. Remarks. Use this space for any additional information or details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I DECLARE that all answers to the above questions are correctly recorded and are true and complete to the best of my knowledge and belief. I agree that this application supplement shall become part of any contract of insurance based on such application.

\_\_\_\_\_  
Signature of Proposed Insured Signed at \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
City, State

\_\_\_\_\_  
Signature of Owner (If Other than Proposed Insured) Signed at \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
City, State

\_\_\_\_\_  
Signature of Soliciting Producer Signed at \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
City, State