Standard Insurance Company
Individual Division
1100 SW Sixth Avenue Portland OR 97204-1093

Occupational Duties Questionnaire Application Supplement

This application supplement is part of application(s) for insurance on: _____
Proposed Insured (please print)

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):

Task	Percentage of Time*

   *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:

Task	How Often Performed?	Time Spent (In hours & half hours)

2. Do you perform any of your occupational duties at your place of residence? ☐ Yes ☐ No
   If yes, what percentage of time? _____%

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

_____

_____

_____

I REPRESENT that all answers to the above questions are correctly recorded, complete and true. I understand that Standard will rely on this information in considering my eligibility for insurance and for various premium rates. I agree that this application supplement shall become part of any contract of insurance based on such application.

_____ Signed at _____ on ___/___/___
Signature of Proposed Insured City, State Date

_____ Signed at _____ on ___/___/___
Signature of Soliciting Producer City, State Date

NOTE: A person commits a fraudulent act when that person knowingly files an application for insurance which either contains materially false information or conceals material information with intent to mislead.