

Name: _____ Employer / Company: _____

Address: _____ Address: _____

Home #: _____ Business #: _____ Cell#: _____

Fax #: _____ DOB: ____/____/____ Email: _____

Occupation/Duties: _____ Yes/ No Annual Income: _____

Marital Status: _____ Canadian Citizen: Yes / No Country Of Birth: _____

Insurance Amount: _____ Policy Type: Term Permanent

Purpose: Personal Business

Owner of Policy: _____

Beneficiary(s): _____ Relationship(s): _____

Existing Insurance (name of insurer)	Date Issued	Amount	Type of Policy	Personal / Business
_____	____/____/____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	____/____/____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. If you've applied for Life Insurance, Critical Illness, Long Term Care, or Disability insurance have you ever been declined, postponed or rated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is this insurance intended to or will it, replace or cause a change in your existing coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Within the last 6 months have you applied for life or health insurance, or have any coverage pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever applied for or received a disability benefit or compensation for illness or injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever smoked cigarettes, cigarillos, little cigars, cigars, pipe, shisha/hookah or use Chewing tobacco, nicotine patch, Nicorette chewing gum, marijuana, hashish, betel nuts or tobacco in any other form in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes": Type Used _____ Use Per Day: _____ Last Used: ____/____/____ | | |
| 6. Do you have your pilot's licence? If so, have you piloted in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the last 12 months, have you engaged in any hazardous sports such as motorized vehicle racing, scuba diving, parachuting, hang gliding, mountain climbing in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the last 10 years has your driver's license been suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In the last 2 years have you refused to provide a breathalyzer sample, and/or have you had 2 or more highway traffic tickets? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you plan to travel outside of Canada in the next 12 months and have you purchased tickets? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes / No |
|---|---|
| 11. Bankruptcy | |
| a. In the last 5 years have you filed for bankruptcy and have not received a discharge? | <input type="checkbox"/> <input type="checkbox"/> |
| b. Are you currently involved in a bankruptcy proceeding? | <input type="checkbox"/> <input type="checkbox"/> |
| 12. In the last 10 years have you been convicted of any criminal offense or fraudulent financial charges or do you have any charges pending? | <input type="checkbox"/> <input type="checkbox"/> |
| 13. Have you ever had coronary artery disease, cardiovascular disease, diabetes, cancer or other significant health conditions, disorders, or diseases for which you require medication or treatment? | <input type="checkbox"/> <input type="checkbox"/> |
| 14. Are you acting on behalf of a third party for any of the proposed lives insured on this policy? | <input type="checkbox"/> <input type="checkbox"/> |
| 15. Are you considered a citizen of the United States for tax purposes? | <input type="checkbox"/> <input type="checkbox"/> |
| 16. Do you have a family doctor? Yes / No No | |
| a. Dr. Name: _____ Address of Clinic: _____
_____ | |
| b. Your Height: _____ Weight: _____ | |
| c. When was the last time you visited your doctor and for what reason?
_____ | |

17. Personal Identification.

a. Please provide your Driver's Licence number with: Expiry Date and Province Of Issue

b. If you don't have a driver's licence please provide another government issued document

Provide details for any questions answered "Yes"

X _____

Name & Signature

Date: