



Name of Proposed Insured: \_\_\_\_\_ Application/Policy No: \_\_\_\_\_

1. Are you a Canadian citizen?  Yes  No

If no: Of what countries are you a citizen? \_\_\_\_\_

What is your Canadian immigration status? \_\_\_\_\_

If yes: Of what other countries are you a citizen? \_\_\_\_\_

2. a) Of what country are you a permanent resident? \_\_\_\_\_

b) How long have you resided in Canada? \_\_\_\_\_

3. Please provide full details of all travel outside Canada or the United States during the past 24 months:

Country	City/region	Date(s) of trip(s)	Reasons for trip(s)	Number of trips in past 24 mths	Duration of each trip

4. With regards to the travel indicated above, did you travel outside major urban centres?  Yes  No

If yes: Please specify areas/regions, accommodations, means of travel, availability of medical facilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please provide full details of all future travel outside Canada or the United States during the next 24 months:

Country	City/region	Date(s) of trip(s)	Reasons for trip(s)	Number of trips in next 24 mths	Duration of each trip

6. With regards to the travel indicated in no. 5, do you plan to travel outside major urban centres?  Yes  No

If yes: Please specify areas/regions, accommodations, means of travel, availability of medical facilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Will you be working outside Canada?  Yes  No If yes, please describe all duties you will be performing while working outside Canada: \_\_\_\_\_

I declare that the answers I have given on this questionnaire are true and complete and shall form part of my application.

Signature of Proposed Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Day/Month/Year