

<input style="width: 95%; height: 20px;" type="text"/> Last name	<input style="width: 95%; height: 20px;" type="text"/> First name
Date of birth: <input style="width: 150px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div>	<input style="width: 95%; height: 20px;" type="text"/> Application or Contract No.

Have you ever been charged with or found guilty of any criminal offence? Yes No

If so, indicate details below.

Type of offences	Date	Sentence	Probation
	Year Month		
	<input style="width: 100%; height: 15px;" type="text"/>		
	<input style="width: 100%; height: 15px;" type="text"/>		
	<input style="width: 100%; height: 15px;" type="text"/>		

Additional comments: _____

I hereby acknowledge and agree that the answers to the questions in this questionnaire are true and complete.

Signed at on this day of 20 .

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Signature of proposed insured or of legal guardian, if the proposed insured is under age 18 in Quebec or under 16 in other provinces.	Signature of witness