

<input style="width: 95%; height: 25px;" type="text"/> Last name	<input style="width: 95%; height: 25px;" type="text"/> First name
Date of birth: <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>Year</span> <span>Month</span> <span>Day</span> </div>	<input style="width: 95%; height: 25px;" type="text"/> Application or Contract No.

**1 PURPOSE OF INSURANCE**

- Personal insurance (Complete Section 2 Financial Information – personal insurance.)
- Business insurance (Complete Sections 2 Financial Information – personal insurance and 3 Financial Information – business insurance.)

**2 FINANCIAL INFORMATION – personal insurance**

How was the insurance amount determined? \_\_\_\_\_

Annual employment income: Salary: \$ \_\_\_\_\_ Commission: \$ \_\_\_\_\_ Bonus: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_ Source of other income: \_\_\_\_\_

Total assets (real estate, equity capital in companies, stocks, bonds, etc.): \$ \_\_\_\_\_

Total liabilities (mortgages, loans, etc.): \$ \_\_\_\_\_

**3 FINANCIAL INFORMATION – business insurance**

How was the insurance amount determined?  Loan security  Key person  Buy out associates' shares/redeem shares

Other: \_\_\_\_\_

Name of business: \_\_\_\_\_

Company's key activities: \_\_\_\_\_

Type of business:  Partnership  Company  Sole ownership

Position of the proposed insured: \_\_\_\_\_ % of the proposed insured's shares in the business: \_\_\_\_\_%

Name of owner(s)	Ownership %	Current business insurance	Requested business insurance

Company's assets: \$ \_\_\_\_\_ Fair market value: \$ \_\_\_\_\_

Company's liabilities: \$ \_\_\_\_\_ Net profit for the current year: \$ \_\_\_\_\_

Net worth: \$ \_\_\_\_\_ Net profit for the previous year: \$ \_\_\_\_\_

Additional comments: \_\_\_\_\_

I hereby acknowledge and agree that the answers to the questions in this questionnaire are true and complete and I agree that they form integral part of my application insurance.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Proposed insured's signature or his or her legal guardian's signature, if the proposed insured is under age 18 in Quebec or under age 16 outside Quebec      Signature of witness