

<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.

1 In the **next 2 years**, do you plan to travel or reside outside of Canada or the United States? Yes No **If so**, specify.

	Trip 1	Trip 2	Trip 3
Location (cities, countries)	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
Departure date	<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: 150px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;">Year Month Day</div>	<input style="width: 150px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;">Year Month Day</div>
Duration of trip	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Reason for the trip	<input type="checkbox"/> Family visit <input type="checkbox"/> Leisure <input type="checkbox"/> Business Occupation abroad: <input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Family visit <input type="checkbox"/> Leisure <input type="checkbox"/> Business Occupation abroad: <input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Family visit <input type="checkbox"/> Leisure <input type="checkbox"/> Business Occupation abroad: <input style="width: 95%; height: 20px;" type="text"/>
	Name of employer or organization responsible: <input style="width: 95%; height: 20px;" type="text"/>	Name of employer or organization responsible: <input style="width: 95%; height: 20px;" type="text"/>	Name of employer or organization responsible: <input style="width: 95%; height: 20px;" type="text"/>
	<input type="checkbox"/> Other: <input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Other: <input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Other: <input style="width: 95%; height: 20px;" type="text"/>
Do you plan to travel outside major urban centres?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so , specify the locations, type of accommodations, type of transportation, proximity to medical facilities, etc.: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If so , specify the locations, type of accommodations, type of transportation, proximity to medical facilities, etc.: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If so , specify the locations, type of accommodations, type of transportation, proximity to medical facilities, etc.: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>

2 In the **last** 2 years, have you travelled or resided outside of Canada or the United States? Yes No **If so**, specify.

	Trip 1	Trip 2	Trip 3																																				
Location (cities, countries)	_____	_____	_____																																				
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	_____	_____	_____																																				
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	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____																																				

3 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 _____.

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