

<input style="width: 95%; height: 20px;" type="text"/> Policyholder/insured's last name	<input style="width: 95%; height: 20px;" type="text"/> Policyholder/insured's first name
Date of birth: <input style="width: 15px; height: 15px;" type="text"/> / <input style="width: 15px; height: 15px;" type="text"/> / <input style="width: 15px; height: 15px;" type="text"/> <small>Year      Month      Day</small>	<input style="width: 95%; height: 20px;" type="text"/> Application or Contract No.

**1 EMPLOYMENT INFORMATION**

**SALARIED EMPLOYEE**

- 1.1 Occupation: \_\_\_\_\_
- 1.2 Duties: \_\_\_\_\_
- 1.3 Employer's name: \_\_\_\_\_
- 1.4 Employer's address: \_\_\_\_\_
  
- 1.5 Number of years with current employer: \_\_\_\_\_
- 1.6 Number of years of related experience: \_\_\_\_\_
- 1.7 Number of hours worked per week: \_\_\_\_\_
- 1.8 Number of months worked per year: \_\_\_\_\_
- 1.9 What percentage of your work is:
  - Driving \_\_\_\_\_ %
  - Supervision \_\_\_\_\_ %
  - Office or administrative work \_\_\_\_\_ %
  - Manual work \_\_\_\_\_ %
  - Other: \_\_\_\_\_ %
- 1.10 What percentage of your work is done:
  - At home \_\_\_\_\_ %
  - Away from home \_\_\_\_\_ %
- 1.11 Gross annual income in the current year: \$ \_\_\_\_\_
- 1.12 Do you pay Employment Insurance premiums?  Yes  No
- 1.13 a) Have you declared bankruptcy in the last 5 years?  Yes  No  
 b) **If so**, indicate the date you were discharged from bankruptcy:  /  /   
Year      Month      Day
- 1.14 Request for guaranteed benefit?  Yes  No

**If so, provide your income tax declarations for the last 2 years and go to Section 7.**  
**If not, go to Section 6.2.**

**SELF-EMPLOYED AND BUSINESS OWNER**

- 1.1 Occupation: \_\_\_\_\_
- 1.2 Duties: \_\_\_\_\_
- 1.3 Business name: \_\_\_\_\_
- 1.4 Business address: \_\_\_\_\_
  
- 1.5 Number of years in business: \_\_\_\_\_
- 1.6 Number of years of related experience: \_\_\_\_\_
- 1.7 Type of business:  Sole owner  Corporation  Partnership
- 1.8 Number of employees:  
 Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Seasonal: \_\_\_\_\_
- 1.9 Number of hours worked per week: \_\_\_\_\_
- 1.10 Number of months worked per year: \_\_\_\_\_
- 1.11 What percentage of your work is:
  - Driving \_\_\_\_\_ %
  - Supervision \_\_\_\_\_ %
  - Office or administrative work \_\_\_\_\_ %
  - Manual work \_\_\_\_\_ %
  - Other: \_\_\_\_\_ %
- 1.12 What percentage of your work is done:
  - At home \_\_\_\_\_ %
  - Away from home \_\_\_\_\_ %
- 1.13 What is the percentage of the policyholder/insured's interest in the company? \_\_\_\_\_ %
- 1.14 Do you pay Employment Insurance premiums?  Yes  No
- 1.15 a) Have you (you or your business) declared bankruptcy in the last 5 years?  Yes  No  
 b) **If so**, indicate the date you were discharged from bankruptcy:  /  /   
Year      Month      Day
- 1.16 Request for guaranteed benefit?  Yes  No

**If so, provide T1 General income tax forms and business financial statements for the last 2 years or the company's Statement of Business or Professional Activities, as applicable, and go to Section 7.**  
**If not, go to Section 6.2.**

**2 INCOME INFORMATION**

**SALARIED EMPLOYEE**

Year:         Year:

Gross annual income earned in the last 2 years: \$ \_\_\_\_\_ \$ \_\_\_\_\_

**SELF-EMPLOYED AND BUSINESS OWNER**

**Net annual income in the last 2 years:<sup>1</sup>**

If applying for a monthly benefit of \$3,000 or more, provide T1 General income tax forms and business financial statements for the last 2 years or the company's Statement of Business Activities, as applicable.

	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Net business profit <sup>2</sup>	\$ <input type="text"/>	\$ <input type="text"/>
In the case of a corporation, the salary paid to the policyholder/insured by the company, if applicable	+	+
	\$ <input type="text"/>	\$ <input type="text"/>
	=	=
<b>Net annual income</b>	\$ <input type="text"/>	\$ <input type="text"/>

1. If less than 12 months' income earned, indicate number of months when income was earned: \_\_\_\_\_ months
2. Net business profit based on the policyholder/insured's shares = shares percentage × (business income before taxes – business expenses that are deductible for income tax purposes)

**3 DECLARATION**

I hereby acknowledge and agree that the answers to the questions in this questionnaire are true and complete and I consent to these being included as part of my application for insurance.

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

 \_\_\_\_\_  
Policyholder/insured's signature