

---

**General Information**

First Name

Name

| Y | Y | Y | Y | M | M | D | D |

Date of Birth

Application number

The following questionnaire can provide you with a preliminary classification of the insured and must be used as a guide only. The class will be determined with the following answers and the required evidence of insurability. With the insured, answer all the questions and send the questionnaire with the application.

Six preferred classes are offered. Four classes are available for non-smokers (class 4 is reserved for non-smokers using pipe or cigar products only). Two classes are also offered to smokers.

---

**First Section (Habits Linked to Tobacco Use)**

1. In the last 12 months, have you used cigarettes, cigarillos (small cigars), cigars, pipe, chewing tobacco or snuff, shisha, betel nuts, Nicorette chewing gum, electronic cigarette or any other tobacco-derivative or nicotine containing product?

☐ Yes Go to question 2.☐ No Go directly to the second section **Non-smoking preferred classes 1, 2 or 3.**

2. What type of products have you used in the last 24 months?

Cigarettes, cigarillos (small cigars), cigars, pipe, chewing tobacco or snuff, shisha, betel nuts, Nicorette chewing gum, electronic cigarette or any other tobacco-derivative or nicotine containing product ☐ Smoking preferred classes 1 or 2

Cigars or pipe only

☐ Non-smoking preferred class 4 or Smoking preferred class 2

---

**Second Section (Medical Questionnaire)**

The medical questionnaire (page 2) remains the same for smokers and non-smokers. It should be used to find the most appropriate classification for the insured.

- If the insured is a non-smoker, choose answers among the **Non-smoking preferred classes 1, 2 or 3.**
- If the insured uses pipe or cigar products only, choose answers in the **Pipe and cigar class** (Non-smoking preferred class 4 or smoking class 2).
- If the insured is a smoker, choose answers among the **Smoking preferred classes 1 or 2.**

---

**How To Classify The Insured?****Examples:**

Five out of seven answers from a **non-smoker** are found in class 1. The last two are in class 2 and 3. The insured will be classified in Preferred class 3.

Six out of seven answers from a **smoker** are found in class 1. The last one is in class 2. The insured will be classified in Preferred class 2.

---

**Underwriting Requirements**

- **Usual underwriting requirements**
- **Blood profile including a urinalysis** (if not included in the usual requirements)
- **Paramedical** (if no medical or paramedical exam is included in the usual requirements)

## Preferred Risks Questionnaire

	Non-Smoking Preferred Classes					Smoking Preferred Classes	
	Class 1	Class 2	Class 3	Pipe and cigar class		Class 1	Class 2
1. Have you used tobacco in the last 60 months? (including nicotine products or nicotine substitutes)	No use <input type="checkbox"/>	No use in the last 24 months <input type="checkbox"/>	No use in the last 12 months <input type="checkbox"/>	NOT APPLICABLE			
2. Do you have any previous personal history of cerebrovascular illnesses, cardiovascular illnesses, heart disease, cancer or diabetes?	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
3. Were there, in your immediate family, deaths or diagnoses linked to cerebrovascular illness, cardiovascular illness, heart disease, cancer or diabetes, before the age of 60?	None <input type="checkbox"/>	Diagnosis only <input type="checkbox"/>	Death <input type="checkbox"/>	None or diagnosis only <input type="checkbox"/>	Death <input type="checkbox"/>	None or diagnosis only <input type="checkbox"/>	Death <input type="checkbox"/>
4. Have you ever abused alcohol or drugs or have you received treatment for drugs or alcohol problems during the last ten years?	No <input type="checkbox"/>	Yes, more than five years ago <input type="checkbox"/>	Yes, less than five years ago <input type="checkbox"/>	No or Yes, more than five years ago <input type="checkbox"/>	Yes, less than five years ago <input type="checkbox"/>	No or Yes, more than five years ago <input type="checkbox"/>	Yes, less than five years ago <input type="checkbox"/>
5. Have you ever been convicted of a criminal offense or has your driver's license been suspended for driving while exceeding the legal blood limit or for dangerous driving in the last ten years?	No <input type="checkbox"/>	Yes, more than five years ago <input type="checkbox"/>	Yes, less than five years ago <input type="checkbox"/>	No or Yes, more than five years ago <input type="checkbox"/>	Yes, less than five years ago <input type="checkbox"/>	No or Yes, more than five years ago <input type="checkbox"/>	Yes, less than five years ago <input type="checkbox"/>
6. How many speeding tickets have you received during the last three years?	None or one <input type="checkbox"/>	Two <input type="checkbox"/>	Three <input type="checkbox"/>	Maximum two <input type="checkbox"/>	Three or more <input type="checkbox"/>	Maximum two <input type="checkbox"/>	Three or more <input type="checkbox"/>
7. Have you engaged in flying (as pilot, student pilot or crew member) or intent to do so?	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
8. Do you travel in countries other than the United States or Western Europe?	No <input type="checkbox"/>	Yes (if no additional premium) <input type="checkbox"/>	Yes (if additional premium) <input type="checkbox"/>	No or Yes (if no additional premium) <input type="checkbox"/>	Yes (if additional premium) <input type="checkbox"/>	No or Yes (if no additional premium) <input type="checkbox"/>	Yes (if additional premium) <input type="checkbox"/>

If all the answers are in this zone, the insured's class will be **Non-smoking preferred class 4**.

If one or more answers are in this zone, the insured's class will be **Smoking preferred class 2**.