

First and last names of insured \_\_\_\_\_

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

Date of birth

Policy/application number \_\_\_\_\_

## Foreign residence / Travel details

Complete the following section for all travels outside Canada or United States in the last 12 months.

| Country | Cities, regions | Duration of trip | Purpose | Date of return to Canada      |
|---------|-----------------|------------------|---------|-------------------------------|
|         |                 |                  |         | Y   Y   Y   Y   M   M   D   D |
|         |                 |                  |         | Y   Y   Y   Y   M   M   D   D |
|         |                 |                  |         | Y   Y   Y   Y   M   M   D   D |
|         |                 |                  |         | Y   Y   Y   Y   M   M   D   D |

Complete the following section for all travels outside Canada or United States planned for the next 12 months.

| Country | Cities, regions | Duration of trip | Purpose | Expected date of return to Canada |
|---------|-----------------|------------------|---------|-----------------------------------|
|         |                 |                  |         | Y   Y   Y   Y   M   M   D   D     |
|         |                 |                  |         | Y   Y   Y   Y   M   M   D   D     |
|         |                 |                  |         | Y   Y   Y   Y   M   M   D   D     |
|         |                 |                  |         | Y   Y   Y   Y   M   M   D   D     |

## Additional information

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## Declaration

I acknowledge having fully understood all of the questions above and that the answers given are true and complete. In addition, I consent to having them as an integral part of the requested insurance policy.

**X** \_\_\_\_\_

Signature of insured (signature of the father, mother or legal guardian if the insured is a minor)

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

Date of signature