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## Disability Insurance Declaration

To be completed by the proposed Covered Person:

### Personal Information:

Name: \_\_\_\_\_  
 Citizenship: Canadian If other, specify: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ (DD/MM/YYYY) Telephone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Profession or Occupation: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Employer's name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Description of Employer's nature of Business: \_\_\_\_\_

Name of Owner (Employer) if other than proposed Covered Person: \_\_\_\_\_

*(must sign Application)*

Average Annual Earnings based on the past 3 years derived  
 from your profession (excluding income from other sources): \_\_\_\_\_

Estimated Earned Annual Earnings for the next 12 months: \_\_\_\_\_

### General Information:

**Yes No**

Provide details of "yes" answers below:

Height: \_\_\_\_\_  cm.  ft'.ins". Weight: \_\_\_\_\_  kg.  lbs.

Are you now, and have you been in sound health for 1 year preceding this Application?  Yes  No

Do you suffer from any physical impairment (including hearing or sight) or disability of any kind or any chronic ailment?  Yes  No

Have you sought or received advice or treatment for the use of alcohol or drugs or used cocaine, barbiturates or any other narcotics?  Yes  No

Have you ever been treated for, or had any known indications of anxiety, depression, mental or nervous disorder, circulatory disorder, liver disorder, respiratory or lung disorder, kidney, prostate or urinary abnormality, disease of the nervous system, abnormal blood pressure, chest pain, heart attack, stroke, Diabetes, hepatitis, Cancer, tumors or any unusual infections?  Yes  No

Do you take or have you been prescribed any medications?  Yes  No

Do you have any disorder of or injury to the muscles, tendons or ligaments?  Yes  No

Provincial Government Health Plan?  Yes  No

Province: \_\_\_\_\_

Do you have any other insurance in force or pending similar to that now being applied for?  Yes  No

Name of Insurer: \_\_\_\_\_



<b>General Information cont'd:</b>	<b>Yes</b>	<b>No</b>
Have you ever had an application for Life, Disability, Medical, Critical Illness or Accident Insurance declined, deferred, cancelled, non-renewed or accepted on special terms?	<input type="checkbox"/>	<input type="checkbox"/>
Have you made any claim(s) against an Insurer in respect of an accident?	<input type="checkbox"/>	<input type="checkbox"/>
Do you intend to travel outside Canada during the next 12 months? <i>Give details below including countries to be visited, expected length of stay and purpose</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in motorized vehicle racing, hang gliding, mountain, ice or rock climbing, heli-skiing, scuba diving, sky diving or any other hazardous sport or avocation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever flown as a pilot or do you anticipate doing so in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of driving under the influence of drugs or alcohol or had your license revoked or suspended for any reason or is any such action pending?	<input type="checkbox"/>	<input type="checkbox"/>

**Additional Details for any "yes" answers:**

**Declaration:**

I hereby warrant that all information stated in this application is to the best of my knowledge and belief, true and correct. I understand that non-disclosure or misrepresentation of a material fact\* will render this information null and void.

\*A material fact is one likely to influence acceptance of this application by the Insurer. If you are in doubt as to what constitutes a material fact, you should consult your agent or Burns & Wilcox Canada.

\_\_\_\_\_  
Signature of Covered Person Date

\_\_\_\_\_  
Signature of Owner (Employer) if other than proposed Covered Person

\_\_\_\_\_  
If Owner is Employer, print name and title of person signing

Broker/Agent: \_\_\_\_\_

Contact name, telephone number and email: \_\_\_\_\_

\_\_\_\_\_  
Declaration of Broker: I hereby certify that I have no knowledge of information that is not fully disclosed.

\_\_\_\_\_  
Signature of Agent/Broker:

For purposes of the *Insurance Companies Act (Canada)*, this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.