Burns & Wilcox
CANADA

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Personal Accident and/or Sickness Disability Application

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?	☐	☐
Do you suffer from any physical impairment (including hearing or sight) or disability of any kind or any chronic ailment?	☐	☐
Have you sought or received advice or treatment for the use of alcohol or drugs or used cocaine, barbiturates or any other narcotics?	☐	☐
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?	☐	☐
Do you take or have you been prescribed any medications?	☐	☐
Do you have any disorder of or injury to the muscles, tendons or ligaments?	☐	☐
Provincial Government Health Plan?	☐	☐
Province:_____		
Do you have any other insurance in force or pending similar to that now being applied for?	☐	☐
Name of Insurer:_____		

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General Information cont'd:	Yes	No
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?	☐	☐
Have you made any claim(s) against an Insurer in respect of an accident?	☐	☐
Do you intend to travel outside Canada during the next 12 months?	☐	☐
Give details below including countries to be visited, expected length of stay and purpose		
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?	☐	☐
Have you ever flown as a pilot or do you anticipate doing so in the next 12 months?	☐	☐
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?	☐	☐

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:

Authorization:

I hereby authorize any licensed physician, medical practitioner, clinic, hospital, or other medical or medically related facility, insurance company or other institution, organization or person that has any records or knowledge of me or my health, to provide Burns & Wilcox Canada, any such information. A photocopy or electronic copy of this authorization will be as valid as the original.

_____

Signature of Covered Person Date

_____

Signed at

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