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# APPLICATION FOR PERSONAL ACCIDENT INSURANCE

**TO BE  
 COMPLETED  
 BY PROPOSED  
 INSURED  
 PERSON**

**PLEASE  
 ANSWER ALL  
 QUESTIONS**

**BENEFITS  
 BEING  
 APPLIED  
 FOR**

**BROKER  
 INFORMATION**

Proposed Insured Person:		Citizenship:	
Address:			
Date of Birth <small>Day/Month/Year</small>	Sex:	Height:	Weight:
Profession or occupation:			
Nature of duties:			
Employer's name:			
Employer's address:			
Average annual earnings, past three years, derived from your profession excluding income from other sources		\$	Estimated earnings next twelve months \$
<b>Accidental death only          (state CDN or US dollars):</b> \$		<b>Accidental death and dismemberment          (state CDN or US dollars):</b> \$	
Beneficiary if other than the Proposed Insured Person's Estate:			
Relationship to the Proposed Insured Person:			
Broker/Agent/Consultant			
Contact name and telephone no.			
Are you now, and have you been, in sound health for one year preceding this application?	yes	no/describe nature of impairment	
Do you intend to travel outside Canada or the U.S.A. during the next twelve months?	no	yes/state countries to be visited, length of stay, purpose	
Is your hearing impaired; have you ever suffered from any disease of the ears?	no	yes/to what extent?	
Is your sight in any way impaired; have you suffered from any disease of the eyes?	no	yes/to what extent?	
During the past five years have you undergone any surgical operation(s)?	no	yes/state month, date, year, reason; physician name & address	
Have you any reason to think that you may need to undergo a surgical operation in the future?	no	yes/state approximate date for surgery; reason for surgery	

Do you have insurance similar to that now being applied for?	no	yes/name of Insurer, policy benefits
Have you made any claim(s) against an Insurer in respect of an accident?	no	yes/date of claim, nature of claim, amount of claim
Have you ever been declined, or accepted on special terms, for Life Insurance or Accident and Health Insurance?	no	yes/state details
Has any Life or Accident and Health Insurer ever cancelled, or declined to renew, your coverage?	no	yes/month/year of action, reason for action
Have you an application pending for any other Accident Insurance?	no	yes/date of application, name of Insurer, benefit(s) applied for
Have you ever had your driver's license revoked for any period of time for driving while under the influence of drugs or alcohol?	no	yes/state details
Do you sky-dive, or operate an aircraft, glider or balloon?	no	yes/explain
Do you scuba-dive or race automobiles, motorcycles or boats?	no	yes/explain
Do you engage in other hazardous activities not shown above?	no	yes/nature of activity, extent and frequency of participation

If you use a motor vehicle in connection with your business or occupation, give your approximate annual mileage if this will exceed 18,000 miles/30,000 km (business and pleasure). \_\_\_\_\_ or N/A

## DECLARATION

I hereby warrant that the above statements are true and correct to the best of my knowledge and belief and, that I have not withheld any information which is calculated to influence the decision of the Insurer. I understand that non-disclosure or misrepresentation of a material fact will render this insurance null and void.

**NOTE:** A material fact is one likely to influence acceptance or assessment of this application by the Insurer. If you are in doubt as to what constitutes a material fact you should consult your agent, or WILLIAM J. SUTTON & CO. LTD.

I understand that signing this application does not bind me to complete the insurance but, I do agree that, should a Document of Insurance be concluded, this Application, and the statements made herein, shall form the basis of the insurance. Further, that WILLIAM. J. SUTTON & CO. LTD. is hereby authorized as the sole representative for placement of this insurance.

Signature of Proposed Insured Person

Date

Applicant/Owner (corporation/partnership/trustee or individual other than Proposed Insured)

By (signature & title)

Witnessed, by Licensed resident agent