



Name of Proposed Insured: [ ]

Application/Policy No: [ ]

1. Please provide full details of all travel outside Canada or the United States during the past 12 months. If none, check here [ ]

Country	City/region	Date(s) of trip(s)	Reasons for trip(s)	Number of trips in past 12 months	Duration of each trip

2. With regard to the travel indicated above, did you travel outside major urban centres? [ ] Yes [ ] No

If yes, please specify the areas/regions, accommodations, means of travel, availability of medical facilities:

[ ]

3. Please provide full details of all future travel outside Canada or the United States during the next 12 months. If none, check here [ ]

Country	City/region	Date(s) of trip(s)	Reasons for trip(s)	Number of trips in past 12 months	Duration of each trip

4. With regard to the travel indicated in no. 3 above, do you plan to travel outside major urban centres? [ ] Yes [ ] No

If yes, please specify the areas/regions, accommodations, means of travel, availability of medical facilities:

[ ]

5. Will you be working outside Canada? [ ] Yes [ ] No

If yes, please describe all duties you will be performing while working outside Canada. Include the percentage of time (or duration) you will be outside Canada:

[ ]

I declare that the answers I have given on this questionnaire are true and complete and shall form part of my application.

[ ]

Signature of Proposed Insured

[ ]

Date (day/month/year)