

**Identification**

Policy No:

Name:

First name:

Date of birth:  /  /   
day / month / year

**Section Life Insurance or Critical Illness**

**A. Personal Coverage**

1. Annual earned income: \$ \_\_\_\_\_ Annual unearned income: \$ \_\_\_\_\_

2. If the person to be insured has no income, what is the taxable annual earned income of the family? \_\_\_\_\_ \$

3. Total assets: \$ \_\_\_\_\_ Total liabilities: \$ \_\_\_\_\_ Net Worth: \$ \_\_\_\_\_

4. Is this coverage for insuring the mortgage on your primary residence? Yes  No

If yes, indicate the amount of the mortgage loan \$ \_\_\_\_\_

5. If the person to be insured is a child, please indicate the amount of life insurance and critical illness insurance on each of the parent?

Mother: \$ \_\_\_\_\_ Father: \$ : \_\_\_\_\_

6. Purpose of this insurance? \_\_\_\_\_

How was the need for this amount of coverage determined? \_\_\_\_\_

**B. Business Coverage**

1. Percentage of shares owned by the person to be insured: \_\_\_\_\_ %

2. Have all shareholders applied for critical illness or life insurance? Yes  No

If not, please indicate the reason: \_\_\_\_\_



**Section Life Insurance or Critical Illness (...continued)**

**B. Business Coverage (...continued)**

3. Nature of business: \_\_\_\_\_

4. Net book value: \$ \_\_\_\_\_ Fair market value: \$ \_\_\_\_\_

5. Net profits after tax for the last 3 years:

Year 1 \$ \_\_\_\_\_ Year 2 \$ \_\_\_\_\_ Year 3 \$ \_\_\_\_\_

6. Purpose of this insurance: \_\_\_\_\_

How was the need for this amount of coverage determined? \_\_\_\_\_

7. If this application is for business loan insurance, please complete the following:

Loan amount: \$ \_\_\_\_\_ Terms/Years of repayment: \_\_\_\_\_ years

Loan details: \_\_\_\_\_

**C. Key Person Coverage**

1. Name of person to be insured: \_\_\_\_\_

2. Title: \_\_\_\_\_

3. Number of years in current position: \_\_\_\_\_ 4. Annual Income: \$ \_\_\_\_\_

5. Duties and responsibilities: \_\_\_\_\_

6. Education and experience: \_\_\_\_\_

7. Is there Key Person insurance in force or pending for the person to be insured? Yes  No

If yes, please provide details: \_\_\_\_\_

## Signatures

I, the undersigned, declare that the above information is true and complete and will form part of my application for insurance with Humania Assurance.

Signed at: \_\_\_\_\_

Date:   /   /     
day / month / year

Signature of person to be insured or parent or guardian \_\_\_\_\_

Signature of Policyholder if other than person to be insured \_\_\_\_\_

Signature of representative \_\_\_\_\_

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