

Identification

 Policy number:

 Last name:

 First name:

 Date of birth: / / Country of birth: _____
year / month / day
Section Foreign travel

 Do you intend to travel outside of Canada or the U.S.? YES NO

If yes, please answer the following questions:

 1. Status: Canadian Citizen Landed Immigrant Other: _____

If not born in Canada: date of arrival? _____

2. Proposed Travel within next 24 months:

a) Destinations (country, city): _____

b) Dates of travel: _____

c) Length of stay at each destination: _____

 d) Purpose of travel (i.e.: Visit family/friends? Business? Details of duties/activities?): _____

 e) Accommodation: Hotel Private Home Other

Details: _____

f) Type of transportation to be used:

To/from your destination: _____

During your stay: _____



Foreign Travel (...continued)

g) Do you plan to travel outside major urban centers? YES NO

If yes, provide details: _____

3. Previous travel within past 24 months:

a) Destinations (country, city): _____

b) Dates of travel: _____

c) Length of stay at each destination: _____

d) Purpose of travel (i.e.: Visit family/friends? Business? Details of duties/activities?): _____

I, the undersigned, declare that the above answers are true and complete and shall form part of my application for insurance with Humania Assurance.

Signed at: _____

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
year					month			day	

Signature of witness: _____

Signature of person to be insured: _____

Humania Assurance Inc., 1555, Girouard Street West, P.O. Box 10000, Saint-Hyacinthe, Quebec J2S 7C8