

—— Identification ————										
Policy number :										
Last name:										
First name:										
Date of birth: year / month / day Country of birth:										
—— Section Foreign travel										
1. Status: Canadian Citizen Permanent Resident Other:										
If not born in Canada: date of arrival?										
Date that Permanent Residence Status was obtained:										
2. Proposed Travel within next 12 months:										
Do you intend to travel outside of Canada? 🗌 YES 📄 NO										
If yes, please provide the following details:										
Dates of Travel Destinations (MM/YEARS) (country/city)	Length of Stay at each Destination	Purpose of Travel (tourism, family, business)	Accomodation (hotel, private room, other)	Type of transportation to be used:	Any excursions planned					



— Foreigr	n Travel (cont	inued)				
3. Previous trav	el within past 24 mo	nths:				
Have you trav	velled outside Canad	a during the past t	wo years? 🗌 YES	NO		
lf yes, please	provide the followin	g details:				
Dates of Travel (MM/YEARS)	Destinations (country/city)	Length of Stay at each Destination	Purpose of Travel (tourism, family, business)	Accomodation (hotel, private room, other)	Type of transportation that was used:	Any excursions completed
	veled outside of Can			NO closed related to Foreig	n Travel. Use a separate	sheet if necessary:
l, the undersign Assurance.	ed, declare that the a	above answers are	true and complete an	d shall form part of my	application for insuranc	e with Humania
Signed at:					Date:	
Signature of wi	Iness:				year	/ month / day
-						
Signature of pe	rson to be insured:					

Humania Assurance Inc., 1555, Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6