

Part 3 – General information

1. Have you ever been subject to a premium surcharge, an exclusion clause, a reduction in coverage, a deferment, a decline of coverage or of reinstatement? Yes No
 If yes, please specify the type of insurance, the name of the insurance company, the dates and the reasons given:

2. Have you ever applied for disability benefits? Yes No
 If yes, please provide the name of the insurance company or government agency along with the dates and reasons for disability:

3. Do you presently or plan to participate in activities such as aviation, skydiving, scuba diving, hang gliding, racing or speed trials, or other high-risk sports? Yes No

If yes, please specify. If no, go to the next question:

- Type of activity: _____
- Date you first participated: _____ Date you last participated: _____
- Number of times per year: _____
- Do you intend to participate in this activity again: Yes No
- Do you participate in this activity: As an amateur As a professional
- Do you participate in races during competitions?..... Yes No

4. Do you presently or have you ever consumed alcoholic beverages? Yes No

If yes, please indicate the quantity in the table below:

	Bottles of beer	Glasses of wine	Spirits (ounces)	Date last consumed
Per day				
Per week				
Per month				

5. Do you or have you ever used drugs or narcotics (with or without a prescription)?..... Yes No

If yes, please indicate the quantity in the table below:

Type of drug	Start date	End date	Quantity	Frequency (per day, month, or year)

6. Have you ever been treated for drug and/or alcohol use or been advised to undergo therapy or treatment?..... Yes No

If yes, please indicate the treatment start and end dates: _____

7. Has your driver's license been suspended or revoked in the past three (3) years? Yes No

If yes, please indicate the date and nature of the offence: _____

Part 3 – General information (continued)

8. Have you ever been found guilty of impaired driving? Yes No

If yes, please specify:

A. Number of episodes: _____

B. Dates of episodes: _____

C. Date at which licence was reinstated without restrictions: _____

9. Have you been found guilty of or been charged with a criminal act or offence? Yes No

If yes, please provide details, including the date and the nature of the criminal act or offence:

10. In the past three (3) years, have you travelled or resided outside of North America or do you intend to do so in the next twelve (12) months? Yes No

If yes, please specify the destination, date, and duration: _____

Part 4 – Medical information

If you answer "Yes" to any of the questions, you must provide details in part 5 "Diagnosis" or section 7 "General comments"

1. Height: _____ ft. _____ in./cm Weight: _____ lbs _____ kg

2. Are you taking medication, following a diet or taking homeopathic products? Yes No

Type: _____ Reason: _____

3. Have you ever had any of the following medical conditions or health problems:

a) Cardiovascular system: high blood pressure, high cholesterol, heart attack, chest pain, palpitations, rheumatic fever, heart murmur, or other disorder of the heart or blood vessels? Yes No

b) Respiratory system: asthma, chronic bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), tuberculosis, pneumonia, sleep apnea or any other respiratory disorders? Yes No

c) Digestive system: colitis, ulcer, intestinal bleeding, gastritis, hernia, Crohn's disease, irritable bowel syndrome, celiac disease or other stomach, gallbladder, liver (hepatitis, cirrhosis), pancreatic or intestinal disorders? Yes No

d) Genitourinary system: blood, infection or other urinary problems, kidney stones or other kidney, bladder or prostate disorders, or problems with other genitourinary organs (including sexually transmitted diseases)? Yes No

e) Endocrine system:

1. Diabetes (Type 1, Type 2, or diabetes insipidus), prediabetes, glucose intolerance, gestational diabetes? Yes No

2. Thyroid problems or any other endocrine disorders? Yes No

f) Any eye (except myopia and presbyopia), ear, nose, mouth, throat, or skin disorder? Yes No

g) Anemia or any other blood diseases? Yes No

Part 5 – Diagnosis

Reason for consultation: _____

Medical diagnosis (name of condition): _____

Date of first consultation: / / Year / Month / Day Date of last consultation: / / Year / Month / Day

Name and address of the hospital or physician consulted: _____

Did this consultation result in any of the following:

1) Hospitalization? Yes No

If yes, please provide: Date: / / Year / Month / Day Duration: _____

2) Surgical procedure (surgery)? Yes No

If yes, please provide: Date: / / Year / Month / Day Name of surgery: _____

3) Prescribed treatment or medication? Yes No

If yes, please specify which ones: _____

Start date: / / Year / Month / Day End date: / / Year / Month / Day

4) Blood tests, X-rays, ECG, other tests? Yes No

If yes, please specify which ones: _____

Date: / / Year / Month / Day Results: _____

5) Please provide details about your current condition: _____

Part 8 – Authorizations and signatures

I, the undersigned, as the proposed Insured, declare that the information provided is complete and true, and I accept that it is an integral part of my application for insurance. I acknowledge that any false declaration or omission could void the coverage obtained through this application.

I understand that it is my responsibility to provide Humania Assurance, in the manner I deem most appropriate, with the personal information requested and required to determine my insurability and to review any claim related to this insurance policy.

To this end, I authorize Humania Assurance to use or disclose this personal information to its agents, service providers and reinsurers (hereinafter "Business Partners"), whether located in Quebec or outside Quebec, as the case may be, for the purposes set out in the above paragraph.

A paper or digital copy of this authorization is as valid as the original. An electronic signature has the same value as a handwritten signature.

I declare that I am aware of the rights granted by the *Act respecting the protection of personal information* in the private sector, including but not limited to the right to access my information, the right to have that information corrected, if need be, and the right to withdraw, at any time, this authorization to share and use my personal information.

These authorizations are valid only for the purposes of this contract, its amendment or reinstatement, and during the initial risk assessment and contestability period. They also apply to all claims submitted during the said contestability period. A photocopy of these authorizations, duly signed, is as valid as the original. The Insurer may contest any fraudulent declaration beyond the contestability period.

The application, the policy, or any of its components cannot be modified. **An insurance contract is based on good faith. Any incomplete disclosure of important facts in this application constitutes a breach that may result in the cancellation of the policy.** Any policy issued in connection with this application will take effect on the date the Insurer approves the application, provided that it is approved without change, the first premium has been paid and no change has occurred in the proposed Insured's insurability since this application was signed.

Signed at _____ Date _____

Signature of Insured (and consenting parent/guardian if required) _____