

**WAR RISK ONLY APPLICATION**

**Personal Information**

Applicant (*please print full name*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
(day/month/year)

Citizenship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Nature of Duties: \_\_\_\_\_

Salary: CDN \$ \_\_\_\_\_ Beneficiary:(if applying for **AD&D** coverage) \_\_\_\_\_

*Please select one*

- |   |            |           |
|---|------------|-----------|
| 1. Are you now, and have you been in sound health for one year preceding this application?<br>If <b>NO</b> , please give details.   | <b>YES</b> | <b>NO</b> |
| 2. Do you have any physical impairments or disabilities (including hearing or sight)?<br>If <b>YES</b> , please give details.   | <b>YES</b> | <b>NO</b> |
| 3. Do you have any of the following: If <b>YES</b> , please give details.   |            |           |
| a) Epilepsy or disorder of the brain?   | <b>YES</b> | <b>NO</b> |
| b) Heart Disease?   | <b>YES</b> | <b>NO</b> |
| c) Diabetes requiring an increase in medication in the last 6 months?   | <b>YES</b> | <b>NO</b> |
| d) Hemophilia?  | <b>YES</b> | <b>NO</b> |
| 4. Have you ever been declined or accepted on special terms for Life Insurance, Accident or<br>Accident and Health Insurance? If <b>YES</b> , please give details.                        | <b>YES</b> | <b>NO</b> |
| 5. Does your current occupation involve, or is it likely to involve, any extra risk to accident<br>or exposure to the risk of contracting a disease? If <b>YES</b> , please give details. | <b>YES</b> | <b>NO</b> |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(day/month/year)