

| II | DENTIFICATION | | |
|----|---|--|--|
| Na | ame of Insured: | Contract No.: | |
| Da | ate of birth: | Primary \square Spouse \square Child \square | |
| II | NFORMATION | | |
| 1. | . Occupation/work: | | |
| 2. | . Professional titles or diploma: | | |
| 3. | For how many years have you been in this employn If less than 2 years, indicate previous employment: | | |
| 4. | Name of employer if you are a salaried employee: Name of business if you are self-employed: | | |
| 5. | . Nature of the business: | | |
| 6. | a) Self employed: number of associates/sharehold Number of full-time employees: Number of part-time employees: b) Do you have firm contracts for the next 12 mon | | |
| 7. | . For how long (months, years) have you worked for | this employer or been self-employed? | |
| 8. | . Professional address (No., street, city/town, province | ce, postal code): | |
| 9. | . Do you work from home? □ No □ Yes If yes, please indicate: | | |
| a) | , , , | | |
| |) Is your office accessible to the public? ☐ No ☐) Are there employees, other than your family memb☐ No ☐ Yes | | |
| 10 | O. How many hours do you work per week? | | |
| 11 | 1. Do you work year-round? \square No \square Yes If no, indicate the exact number of working months | :: | |



| Functions | Percentage of time | Description of function |
|--|------------------------------|-------------------------|
| a) Manual labour | % | |
| b) Management / office | % | |
| c) Sales | % | |
| d) Supervision | % | |
| e) Location: office | % | |
| workshop / plant | % | |
| on site | % | |
| 4 Do you have a part-time joh? |) \square No \square Ves | |
| 4. Do you have a part-time job? | '□ No □ Yes | |
| If yes, specify: | | |
| If yes, specify: Job: | P □ No □ Yes | |
| If yes, specify: Job: Net annual earnings: | | |
| If yes, specify: Job: Net annual earnings: | | |
| If yes, specify: Job: Net annual earnings: | | |