

## FOREIGN RESIDENCE/TRAVEL QUESTIONNAIRE

First name and last name	Date of birth			Reference number: Case ID, Policy no., Contract no. or Application no.
	Y	M	D	

1. Status: <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other	2. Travel destinations (country, city):
3. Dates of travel:	4. Length of stay at each destination?
5. Purpose of travel (details of planned activities or duties):	

6. Accomodation: <input type="checkbox"/> Hotel <input type="checkbox"/> Private home <input type="checkbox"/> Other Details :
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7. Type of transportation to be used: a) To/from your destination: b) During your stay:
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8. Do you plan to travel outside major urban centres? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , provide details:
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9. Are you likely to travel elsewhere in the near future? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , provide details, (destination, length of stay, date):
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10. Please give us the details regarding all trips taken outside Canada within the last 2 years (including dates and locations):
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I declare that the answers given in this document are true and complete and I agree that they form an integral part of my application for insurance.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of proposed insured  
(signature of father, mother or legal guardian, if minor)

\_\_\_\_\_ Signature of witness