

# APPLICATION FOR DISABILITY INSURANCE COVERAGE

Underwritten by certain Underwriters at Lloyd's, London, England  
through **Hunter McCorquodale Inc.**

Yonge-Eglinton Centre  
2910 - 2300 Yonge Street, P.O. Box 2396  
Toronto, ON M4P 1E4

# LLOYD'S

<b>Section A</b>  <b>PERSONAL INFORMATION</b>	1. Name of Proposed Insured: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Title _____				
	First: _____		Middle: _____		Maiden if Applicable: _____
	2. Residence Address:			3. Date of Birth:	4. Age
	Street, Apt/Ste. # _____ City/Town _____ Prov. _____ Postal Code _____			_____/_____/_____ Day Month Year	_____
	6. Mailing Address (if different from residence address):			7. Place of Birth (Province/Country):	
Street, Apt/Ste. # _____ City/Town _____ Prov. _____ Postal Code _____			_____		
8. Telephone: Home ( ) _____			Best time to Call: _____ Best Place to Call: _____		
10. Owner, if other than Proposed Insured (owner must sign on page 4):			9. Social Insurance Number: _____		
11. Citizenship: _____			_____		

<b>Section B</b>  <b>EMPLOYMENT INFORMATION</b>	1. Employer (provide details for past 2 years):	
	a. Current Employer/Business Name:	e. Previous Employer/Business Name:
	b. Dates Employed From: _____ To: _____	f. Dates Employed: From: _____ To: _____
	c. Address: _____	g. Address: _____
	d. Nature of Employers Business:	h. Nature of Employers Business:
	i. Current Employment: <input type="checkbox"/> Employee: How paid? ..... <input type="checkbox"/> Salary <input type="checkbox"/> Commission <input type="checkbox"/> Combination Status <input type="checkbox"/> Unincorporated Business Owner/Partner <input type="checkbox"/> Incorporated Business Owner (>10% ownership): Date Incorporated _____	
	j. If self-employed: Length of time self-employed _____ Percentage Ownership Share: _____ No. of full-time employees (excluding owners): _____ Fiscal Year-End _____	
	2. Duties:	
	a. Job Title:	b. Professional Designation/Degree:
	c. Breakdown of Duties (total = 100%):	d. Description of Duties
Administrative/Office: _____%	_____	
Manual/Physical: _____%	_____	
Sales: _____%	_____	
Driving: _____%	_____	
Travel (outside North America): _____%	_____	
Supervision (outside office e.g. plant, jobsite): _____%	_____	
3.a. How many months a year do you usually work?	b. How many hours a week do you usually work?	c. How many hours a week do you usually work at home?
d. Length of time employed in current job:	e. Length of time employed in similar job:	f. Are you actively working <input type="checkbox"/> Yes at your full-time job? <input type="checkbox"/> No
g. Do you have a part-time <input type="checkbox"/> Yes or seasonal job? <input type="checkbox"/> No	If "yes", describe exact duties:	
h. Do you plan to change your duties, <input type="checkbox"/> Yes occupation, or country of residence? <input type="checkbox"/> No	If "yes", give details:	

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<b>Section C</b>  <b>PLAN INFORMATION</b>	1. Plan Type and Details: (or enclose a signed, witnessed and dated quotation)				
	Type Of Coverage (check all applicable)	Elimination Period	-- Temporary Total Disability -- Monthly Benefit      Benefit Period		Principal (lump) Sum
	<input type="checkbox"/> Income Replacement				
	<input type="checkbox"/> Buy-Sell				
	<input type="checkbox"/> Overhead Expense				
<input type="checkbox"/> Key Person					
2. Policy Term: _____ 3. Annual Premium: \$ _____ 4. Currency: <input type="checkbox"/> CAD <input type="checkbox"/> USD					
5. Income Replacement Only: a. Are benefits to be taxable? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Include Residual Disability and Recovery Benefit Rider? <input type="checkbox"/> Yes <input type="checkbox"/> No					
6. Effective Date: <input type="checkbox"/> Date of Approval <input type="checkbox"/> Other (specify): _____					

<b>Section D</b>  <b>FINANCIAL INFORMATION</b>	1. <b>Earned Income:</b> a. This year to date \$ _____ b. Last year \$ _____ c. 2 years prior \$ _____	<b>Earned Income Means:</b> Employee: total salary, bonus and commission, less deductible employment expenses.  Unincorporated Business Owner/Partner: Your share of net business income <b>after</b> normal and customary business expenses and <b>before</b> income tax.  Incorporated Business Owner (>10%): Salary, bonus if consistent, and your share of corporate net profit before income tax. <b>All amounts should be on a fiscal year basis.</b>
	NB: Appropriate financial documentation must accompany all applications.	

<b>Section E</b>  <b>GENERAL INFORMATION</b>	1. a. Do you have any disability insurance coverage in force or pending (include group, individual, mortgage, etc)? If "yes" give details ..... <span style="float: right;">YES NO <input type="checkbox"/> <input type="checkbox"/></span>								
	Company Name	Group?	Plan Type	Year Issued	Monthly Benefit	Benefit Period	Elimination Period	Taxable?	To be replaced or reduced?
	i)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal <input type="checkbox"/> Business					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Personal <input type="checkbox"/> Business					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Are you eligible for Employment Insurance (E.I.) sickness coverage?..... <input type="checkbox"/> <input type="checkbox"/>								
	c. Are you or will you become eligible for Group Disability coverage, not noted above, within the next year? <input type="checkbox"/> <input type="checkbox"/>								
	d. Are you eligible for Workers Compensation or other similar coverage?..... <input type="checkbox"/> <input type="checkbox"/>								
	2. Have you ever had an application for disability insurance declined, postponed, rated or modified in any way? ... <input type="checkbox"/> <input type="checkbox"/>								
	3. During the past 3 years have you:								
	a. flown as a pilot, student pilot or crew member, or do you contemplate doing so? ..... <input type="checkbox"/> <input type="checkbox"/>								
b. participated in racing (automobile, snowmobile, motorcycle, boat), scuba diving, sky diving, hang gliding, bungee jumping, mountain or rock climbing, or any other hazardous sport or avocation, or do you contemplate doing so? ..... <input type="checkbox"/> <input type="checkbox"/>									
c. had your driver's license suspended or revoked, been charged with 3 or more moving violations, or been convicted of driving while under the influence of drugs or alcohol? ..... <input type="checkbox"/> <input type="checkbox"/> If "yes", driver's license # _____ Province _____									
d. been unemployed for more than 30 days? ..... <input type="checkbox"/> <input type="checkbox"/>									
e. filed for personal or business bankruptcy? ..... <input type="checkbox"/> <input type="checkbox"/>									
4. Have you ever received disciplinary action from your licensing body and/or been charged with or convicted of any criminal offence? ..... <input type="checkbox"/> <input type="checkbox"/>									
5. Do you have any intention of spending more that 1 month at a time outside Canada or the United States within the next 2 years? ..... <input type="checkbox"/> <input type="checkbox"/>									
6. Have you ever made a claim or received a pension, payments or compensation for any sickness or injury? <input type="checkbox"/> <input type="checkbox"/>									
Give details of any "yes" answers in Section E (refer to question #):									
Additional space is available on Page 4, or attach extra signed and dated sheets.									



