


**Policyowner(s):** \_\_\_\_\_

**Proposed insured:** \_\_\_\_\_

**Contract number:** \_\_\_\_\_

 Please use a separate form for each proposed insured.

### 1. Reporting changes in insurability

Any **changes in insurability** for the above-mentioned proposed insured that have occurred during the period determined as specified in the EFFECTIVE DATE OF A COVERAGE section in the contract's General provisions must be reported to us. This period starts on **the date the insurance application is signed**.

Please indicate all changes in insurability for the proposed insured that have occurred since that date:

Date	Description of the change in insurability

### Good to know

**A change in insurability may include:**

- A change in health status
- An illness, disease, disorder, injury, operation or treatment
- A consultation, examination or treatment by any healthcare professional
- A recommendation for a medical appointment or consultation with a healthcare professional that has not yet taken place
- A medical test or recommendation to have a medical test of any kind that has not yet taken place
- An accident
- A change in occupation, tasks or responsibilities
- A change in lifestyle habits:
  - Use of tobacco, nicotine products, alcohol, cannabis, etc.
  - Participation in hazardous sports
  - Travel or stay outside Canada or the United States
- A Highway Safety Code offence (or any offence to other similar laws)
- A Criminal Code offence
- Etc.

### 2. Statements of the proposed insured and the policyowner

**The proposed insured and the policyowner:**

- declare that all the information entered in the table above is true and complete, and they understand that the contract will be issued based on this information;
- understand that any misrepresentation in this document may void the coverages applied for.

### 3. Signatures

 If there is more than one policyowner, each policyowner must sign below.

**X** \_\_\_\_\_  
Signature of proposed insured or signature of a parent, guardian or legal representative if the person is under age 14 (Quebec) or under age 16 (provinces or territories other than Quebec)      Signed at (city, province or territory)      Date (yyyy/mm/dd)

**Policyowner – Individual**

**X** \_\_\_\_\_  
Signature of policyowner      Signed at (city, province or territory)      Date (yyyy/mm/dd)

**X** \_\_\_\_\_  
Signature of policyowner      Signed at (city, province or territory)      Date (yyyy/mm/dd)

**Policyowner – Corporation, trust or other entity**

\_\_\_\_\_  
First and last names of the person authorized to sign for the policyowner

**X** \_\_\_\_\_  
Signature of the person authorized to sign for the policyowner      Signed at (city, province or territory)      Date (yyyy/mm/dd)