

# Preliminary Assessment of Occupation Class

SOLO™ Disability Income  
SOLO™ Essential Disability Income  
SOLO™ Loan Insurance



## A. Personal Information

Gender: ☐ M ☐ F Age: \_\_\_\_\_ ☐ Non-smoker ☐ Smoker

## B. Employment Profile

Profession or occupation: \_\_\_\_\_ Level of education: \_\_\_\_\_ Industry: \_\_\_\_\_

Name of company: \_\_\_\_\_ Website: \_\_\_\_\_

How long have you been in your current profession or occupation? \_\_\_\_\_

How long have you been self-employed or working for your current employer? \_\_\_\_\_

Number of hours per week: \_\_\_\_\_ Number of weeks per year: \_\_\_\_\_

Responsibilities	% of time	Details (list the specific activities involved, especially for manual or physical duties)
Manual/Physical		
Management/Office work		
Sales		
Supervision		
Other (specify):		

TOTAL: 100%

Do you have other employment? ☐ Yes ☐ No

If **Yes**, please provide a job description: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_ Number of weeks per year: \_\_\_\_\_ Annual income: \$ \_\_\_\_\_

Do you work from home? ☐ Yes ☐ No

If **Yes**, indicate:

a) percentage of time: \_\_\_\_\_ %

b) if you have a separate entrance with a sign displayed: ☐ Yes ☐ No

c) if you have visible customer traffic: ☐ Yes ☐ No

d) if you have earned at least **\$50,000**  
after expenses for each of the last 2 years: ☐ Yes ☐ No

## C. Annual Earned Income

Insurable net annual earned income profile (earned income after deductible overhead expenses but before taxes):

Your current employment situation	Income to date (current year)	Annual income (last year)	Annual income (year prior to last year)
<input type="checkbox"/> Employee <input type="checkbox"/> Self-employed worker on commission <input type="checkbox"/> Self-employed worker <input type="checkbox"/> Partner			
<input type="checkbox"/> Owner of a corporation (Inc.) Percentage of common shares held: _____ % Number of employees: _____ Corporation creation date: YYYY / MM / DD	Salary (excluding dividends)		
	Your share of corporation's profits or losses		
	Total		

#### D. Comments

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#### E. Advisor Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_ YYYY / MM / DD  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### F. For Head Office Use Only

Occupation class: \_\_\_\_\_ Eligible for occupation class upgrade: \_\_\_\_\_  
Details: \_\_\_\_\_  
Name of analyst: \_\_\_\_\_ Date: \_\_\_\_\_ YYYY / MM / DD

**Note:** This document is not an insurance application, offer or contract. Desjardins Insurance's preliminary assessment of the occupation class is based solely on the information provided. Desjardins Insurance cannot guarantee that its assessment will remain the same following the analysis of the application (which could contain additional or different information).

Email this document to Head Office. The form will be returned to you within 24 to 48 business hours.  
When submitting a SOLO application, please attach a copy of this completed form to expedite processing.