

## FAMILY PROTECTION INSURANCE

PLEASE ANSWER ALL QUESTIONS USING BLOCK CAPITALS WHERE APPROPRIATE, CONTINUING ON THE BACK PAGE OR A SEPARATE SHEET IF NECESSARY.

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Details of Applicant's Occupation(s): \_\_\_\_\_

Please list the name, age, relationship and city of residence of the individuals to be insured. *(Continue on a separate sheet if necessary)*

Name	Age	Relationship	City of Residence

Please list the countries in which you require coverage.

\_\_\_\_\_

Have there been any kidnaps, attempted kidnaps or kidnap threats? *(If yes please give brief details)*

\_\_\_\_\_

Please give brief details of any travel plans outside the country of residence of the individuals to be insured:

\_\_\_\_\_

Does the applicant's net assets exceed: *(Please tick)*

CDN \$500,000    
 CDN \$1,000,000    
 CDN \$2,500,000    
 CDN \$5,000,000    
 CDN \$10,000,000

Limit(s) of liabilities requested:

Currency:  CDN  US    1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete.  
 Signing this form does not bind the applicant(s) to complete the insurance but it is agreed that this form will be the basis of the contract should a policy be issued.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_