UV INSURANCE

INDIVIDUAL INSURANCE

Questionnaire – Credit insurance rider

Name : _____ First name : _____

Date of birth : Y Y Y Y M M D D Application or contract number : _____

Table of Loans to be Insured

Loan to Insure	Balance	Monthly Payment	Loan Already Insured	To Replace	Name of Insurer
Personal mortgage loan	$	$	☐ Yes ☐ No	☐ Yes ☐ No	
Personal mortgage line of credit	$	$	☐ Yes ☐ No	☐ Yes ☐ No	
Personal line of credit	$	$	☐ Yes ☐ No	☐ Yes ☐ No	
Personal loan	$	$	☐ Yes ☐ No	☐ Yes ☐ No	
Motor vehicle loan	$	$	☐ Yes ☐ No	☐ Yes ☐ No	
Student loan	$	$	☐ Yes ☐ No	☐ Yes ☐ No	
Lease	$	$	☐ Yes ☐ No	☐ Yes ☐ No	
Commercial loan	$	$	☐ Yes ☐ No	☐ Yes ☐ No	
Commercial mortgage loan	$	$	☐ Yes ☐ No	☐ Yes ☐ No	
Commercial line of credit	$	$	☐ Yes ☐ No	☐ Yes ☐ No	
	$	$	☐ Yes ☐ No	☐ Yes ☐ No	
	$	$	☐ Yes ☐ No	☐ Yes ☐ No	

Applicant Information

1. What is your current status? ☐ Salaried employee ☐ Self-employed ☐ Stay at home spouse ☐ Parental leave
2. Name of your employer or business _____
   Address _____ City _____
   Province _____ Country _____ Postal Code _____
3. Nature of business (sector of activity) _____
4. If self-employed, what is the % of your shares in the business? _____ %
5. Number of years with your employer or self-employed _____ year(s)
6. Number of hours worked per week _____ hour(s)
7. Number of weeks worked per year _____ week(s)
8. Number of years in a similar business _____ year(s)
9. Briefly describe your tasks _____
10. What percentage of your work is considered manual? _____ %
11. Do you work from home? ☐ Yes ☐ No If yes, confirm the number of hours worked from home per week _____ hour(s)
12. Do you have income replacement insurance with your employer? ☐ Yes ☐ No
    If yes, name of insurer _____ _____ % of income ☐ In force ☐ Pending

Signatures

I declare the information above is true and complete and that it will form part of my insurance application with **UV Insurance**.

Signed in _____ province of _____ this _____ day of _____ 20 _____

X _____ X _____
Signature of proposed insured — Signature of owner (if legal entity, authorized signatory)

_____ X _____
Full name of advisor (in block letters) — Signature of advisor

_____ X _____
Full name of witness (in block letters) — Signature of witness (other than the beneficiary)

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