

33 Yonge Street Suite 270 Box 311 Toronto, Ontario M5E 1G4 (416) 366-2223 Fax: (416) 366-4608 www.suttonspecialrisk.com

## SHORT TERM MEDICAL DECLARATION

					Citizenship:	
Address	i					
Date of I		Sex:	Height:	Weight:		
Salary:_		Оссира	_Occupation:			
Nature (	of Duties:					
2. H 2. H 3. [ 4. [ 5. [ 6. [ 6. [ 6. [ 6. [ 6. [ 6. [ 6. [ 6	Cancer, tumor, hear Diabetes, kidney ab lung or respiratory of mental or nervous dia Have you received is medical condition? Do you take or have Do you have any pho you have any pho participate in any a. Skydiving, hang gob. Scuba diving, cavod. Racing automobile. Bungee jumping, f. Snowboarding or g. Professional spor	rt attack, chest particular attack, chest part	ain, abnormal blote abnormality, usinfection, disease alcohol abuse?  nths, or do you entitle any medicants or disabilities to the muscles, activities:  g, Piloting or open or Kite surfing or boats or racing or climbing of an activities or climbing of an activities.	dications of any of the following: bod pressure, circulatory disorder, stroke, urinary abnormality, hepatitis, liver disorder, se of the nervous system, anxiety, depression, expect to receive treatment or advice for any ations? (including hearing or sight)? tendons or ligaments?  g of any other kind.  y kind.	Yes/No	
If you an	swered yes to any	question above, p	olease give detai	ils below:		

## **DECLARATION**

I hereby warrant that the above statements are true and correct to the best of my knowledge and belief and, that I have not withheld any information which is calculated to influence the decision of the Insurer. I understand that non-disclosure or misrepresentation of a material fact will render this insurance null and void.

NOTE: A material fact is one likely to influence acceptance or assessment of this application by the Insurer. If you are in doubt as to what constitutes a material fact you should consult your agent, or SUTTON SPECIAL RISK INC.

I understand that signing this application does not bind me to complete the insurance but, I do agree that, should a Document of Insurance be concluded, this Application, and the statements made herein, shall form the basis of the Insurance. Further, that SUTTON SPECIAL RISK INC. is hereby authorized as the sole representative for placement of this insurance.

Signature of Proposed Insured		Date: (day/month/year)	
Applicant/Owner (corporation/partnership/trustee o	or individual other than Proposed Insured)		
By (signature)	Title		
Witnessed, by Licensed resident agent		Date: (day/month/year)	