SUTTON
SPECIAL RISK

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WAR RISK ONLY APPLICATION

Personal Information

Applicant ***(please print full name)***: ______________________________

Date of Birth: ______________ **(day/month/year)** Sex: ________ Height: ____________ Weight: ____________

Citizenship: ______________________ Occupation: ______________________

Nature of Duties: ______________________________

Salary: CDN $ ____________ Beneficiary:(if applying for **AD&D** coverage) ______________________

Please select one

1. Are you now, and have you been in sound health for one year preceding this application? If ***NO***, please give details. **YES** **NO**

2. Do you have any physical impairments or disabilities (including hearing or sight)? If ***YES***, please give details. **YES** **NO**

3. Do you have any of the following: If ***YES***, please give details.
   - a) Epilepsy or disorder of the brain? **YES** **NO**
   - b) Heart Disease? **YES** **NO**
   - c) Diabetes requiring an increase in medication in the last 6 months? **YES** **NO**
   - d) Hemophilia? **YES** **NO**

4. Have you ever been declined or accepted on special terms for Life Insurance, Accident or Accident and Health Insurance? If ***YES***, please give details. **YES** **NO**

5. Does your current occupation involve, or is it likely to involve, any extra risk to accident or exposure to the risk of contracting a disease? If ***YES***, please give details. **YES** **NO**

Signature: ______________________________ **Date:** ______________________ **(day/month/year)**