

## Foreign Travel Questionnaire

500-5000 Yonge Street Toronto, ON M2N 7J8 Fax: 1-877-767-0477

(to be completed by Proposed Insured)

If not a Canadian Citizen, what is you Country of Permanent Residence: _ Please list each city and country ou location and the specific date of the CITY AND COUNTRY  List each city and country outside Nof the travel and how many times p	our status ir utside North ne travel. LENGTH OF	America to whice	Citizenship: How long have you re h you have traveled in the past two PURPOSE OF TRAVEL	pesided in Canada?  years, the length of stay in each part of return to canada  DD / MM / Y Y Y  DD / MM / Y Y Y  DD / MM / Y Y Y
Birthplace:  If not a Canadian Citizen, what is you Country of Permanent Residence:  Please list each city and country outlocation and the specific date of the CITY AND COUNTRY  List each city and country outside Nof the travel and how many times point of the travel and how many times point	Tour status in utside North e travel.  LENGTH OF	America to whice	Citizenship: How long have you re h you have traveled in the past two PURPOSE OF TRAVEL  will be traveling, the length of stay in the length of s	pesided in Canada? years, the length of stay in each  DATE OF RETURN TO CANADA DD / M M / Y Y Y
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ereby declare that I have read all the	•			and answers diven above are
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ature of Proposed Insured				

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