



LIONS GATE UNDERWRITING INDIVIDUAL DISABILITY INSURANCE APPLICATION

Effected with certain Underwriters at Lloyd's, London, England (hereinafter called the Insurer) through
Lions Gate Underwriting Agency #290, 1090 Homer Street, Vancouver, BC V6B 2W9 Tel: 604 677 9715
 Application is hereby made for a policy of accident & sickness insurance based on the following statements and representations:

PLAN TYPE AND DETAILS

TYPE OF COVERAGE (CHECK IF APPLICABLE)	ELIMINATION PERIOD	TEMPORARY TOTAL DISABILITY		PERMANENT TOTAL DISABILITY OR PRINCIPAL SUM
		MONTHLY BENEFIT	BENEFIT PERIOD	
Income Replacement		\$		\$
Business Overhead Expense		\$		-
Accidental Death & Dismemberment	-	-	-	\$

- Proposed Insured (*Full Legal Name*): _____ Date of Birth (*mm/dd/yyyy*): _____
- Residence Address: _____
 City: _____ Province/Territory: _____ Postal code: _____
 Telephone: Business: _____ Residential: _____
- Sex: Male Female Height: ____ ft. ____ in. Weight: _____ lbs.
- Beneficiary (*Full Legal Name*): _____ Relationship (*to Proposed Insured*): _____
- Are you self-employed? Yes No
- Current Occupation (*Position or title, if more than one, state all*): _____
- How long have you been at your present occupation? _____
- Describe daily duties:

9. Employer/Business Name: _____

10. Employer/Business Address: _____

City: _____ Province/Territory: _____ Postal code: _____

11. Annual Earned Income (*must be declared - subject to verification if required*): \$ _____

12. Please state current in-force accident or disability insurance as well as any other outstanding applications for such insurance.

Disability Income Replacement	Yes	No	\$
Business Overhead Expense	Yes	No	\$
Accidental Death & Dismemberment	Yes	No	\$

Outstanding applications: _____

13. Would the Temporary Total Disability benefit payable to you under this insurance now being now being applied for, together with any other disability insurance now in force on your life, exceed 70% of your earned income? Yes No

14. Has any Life, Health, or Accident insurer cancelled your insurance, declined to accept your application or renewal, or only accepted, renewed or quoted on your insurance at special rates or conditions? Yes No

If "Yes", provide details:

15. Have you ever made a claim for disability against any insurer? Yes No
If "Yes", provide details and dates disabled:

16. Are you, to the best of your knowledge and belief, now in good health and free from physical defect or infirmity? Yes No

If "No", please provide details:

17. Do you engage in piloting an aircraft, motorcycling, mountaineering or rock climbing, skydiving, hang gliding, scuba diving, polo, hunting, skiing or snowboarding, racing of any type, rugby, soccer or football, or any other potentially hazardous activity? Yes No

If "Yes", please provide details:

18. During the term of the proposed insurance, do you intend to pursue any sport or occupation (other than stated above), or to undertake any foreign travel, rendering you more than usually liable to accident? Yes No
If "Yes", please provide details:

19. Complete this item only if the policy is to be owned by someone other than the Proposed Insured.
The representations and answers to the above questions have been made by the Proposed Insured at the request and on behalf of the Proposed Policyholder. The Proposed Policyholder adopts, as a part of this application, all the above statements and answers of the Proposed Insured. The Proposed Insured understands and agrees that all rights, title and interest to which he/she would otherwise become entitled under the policy for which this application has been made, including the right to change the beneficiary if such right is reserved, will be vested in the person named herein as the Proposed Policyholder.

Name of Proposed Policyholder: (Full Legal Name): _____

Relationship of Proposed Insured: _____

Address of Proposed Policyholder: _____

City: _____ Province/Territory: _____ Postal code: _____

20. Is the right to change the beneficiary reserved by the Proposed Policyholder? Yes No

DISCLOSURE

I hereby declare that the above statements and particulars are true and that I have not suppressed or misstated any material facts and that I agree that this Application Form shall be the basis of the contract with the Insurer.

Signing the above form does not bind the Proposed Insured or Proposed Policyholder to complete the insurance, but it is agreed that this form shall be the basis of the contract, should a policy or certificate be issued.

Signature of Proposed Insured: _____ Date: _____

Print Name: _____

Signature of Proposed Policyholder: _____ Date: _____

Print Name: _____

NOTICE OF PRIVACY & CONFIDENTIALITY

Lions Gate Underwriting Agency and its affiliates will collect, use and disclose the personal information which you give for the purpose of providing you with insurance services. To protect its confidentiality, access to this information will be restricted to those employees, mandataries, administrators or agents of Lions Gate Underwriting Agency and their authorized agents who are responsible for administration of services, underwriting, and for the processing, facilitating and investigation of claims. When necessary, this information may be shared with others such as, but not limited to, medical facilities, insurance companies, organizations and any other person you authorize or that is authorized by law. This acknowledges that information may be transmitted by facsimile (fax), e-mail, postal service, courier service or telephone, and we cannot guarantee the security or privacy of the information that is transmitted through these channels. Our Privacy Act may be viewed on our website at www.lionsgateuw.com or you may call us at 1-604-677-9715 for a copy.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Lions Gate Underwriting is a trading name of BMS Canada Risk Services Ltd.