Desjardins Insurance | LIFE · HEALTH · RETIREMENT

PRINT RESET

UNDERWRITING NON-MEDICAL PRE-ASSESSMENT

Complete all applicable sections. The more details you provide, the more accurate the pre-assessment.

Lock-in number	Application(s) number(s)	
Representative's name	Phone number	Fax number

A - INFORMATION ON THE PROPOSED INSURED

Date of birth (YYYY/MM/DD)	Sex ☐ Female ☐ Male	☐ Smoker ☐ Non-smoker	Occupation
Arrival date in Canada (if less than 2 years ago) (YYYY/MM/DD)	Country of origin		Status

Has the proposed insured ever submitted an application (or a reinstatement request) for life, disability, critical illness or long-term care insurance that was declined, deferred, or approved with an exclusion or extra premium? ☐ No ☐ Yes
If **"Yes"**, please complete the table below, indicating the reason the application was declined or approved with an exclusion or extra premium.

Name of insurance company	Date (YYYY/MM/DD)	Reason

B - INSURANCE

☐ Death ☐ Critical Illness ☐ Healthcare ☐ SOLO / SELECT ☐ Disability – income benefit/monthly expenses

C - DRIVING HISTORY (information from past 3 years)

OFFENSE : ☐ Impaired driving	Number:	Date (YYYY/MM/DD):		
☐ Speeding	Number:	Date (YYYY/MM/DD):	Km/h over limit:	
☐ Other (stop, cellular, etc.)	Number:	Date (YYYY/MM/DD):		
Licence suspended	Date (YYYY/MM/DD):	Number of times:	Duration:	Reason:
Awaiting trial or pending conviction	☐ No ☐ Yes	If "**Yes**", details:		
Demerit points	Number:			
Licence type	☐ Probationary	☐ Temporary	☐ Regular	

D - BANKRUPTCY

Date (YYYY/MM/DD):	Number of times:
Discharged ☐ No ☐ Yes	If "**Yes**", date of discharge (YYYY/MM/DD):

E - ALCOHOL AND DRUG USE

	Type	Quantity per week	Treatment(s)	Date (YYYY/MM/DD)
Alcohol	☐ Beer ☐ Wine ☐ Spirits	Past: Current:	☐ No ☐ Yes Number:	
Drugs	☐ Marijuana ☐ Cocaine ☐ Other (specify):	Past: Current:	☐ No ☐ Yes Number:	

F - CRIMINAL HISTORY

	Date (YYYY/MM/DD)	Number	Probation end date (YYYY/MM/DD)	Awaiting trial
Impaired driving				☐ No ☐ Yes
Misdemeanor (e.g.: theft)				☐ No ☐ Yes
Assault				☐ No ☐ Yes
Drug related charges/trafficking				☐ No ☐ Yes

G - TAVELS ABROAD (outside Canada and the U.S.)

Any trips planned in next 12 months? ☐ No ☐ Yes	If "**Yes**", where (country and city): Lenght of stay:	Reason ☐ Pleasure ☐ Work
Any trips taken in past 24 months? ☐ No ☐ Yes	If "**Yes**", where (country and city): Lenght of stay:	Reason ☐ Pleasure ☐ Work

H - HAZARDOUS SPORTS AND DANGEROUS ACTIVITIES

In the past 2 years, have you participated in any hazardous sports or dangerous activities? ☐ Yes ☐ No

If "**Yes**", specify : **Capacity** ☐ Amateur ☐ Competitive amateur ☐ Professional ☐ Work

Number of times in past 12 months:

Do you have plans to participate in any hazardous sports or dangerous activities? ☐ Yes ☐ No

If "**Yes**", specify : **Capacity** ☐ Amateur ☐ Competitive amateur ☐ Professional ☐ Work

Number of times planned in next 12 months:

I - SPORTS AND OTHER ACTIVITIES (provide additional details as required)

CLIMBING/MOUNTAINEERING	AVIATION/AIR SPORTS	MOTOR RACING	UNDERWATER DIVING
☐ Bouldering, hiking or trekking	☐ Commercial ☐ Private	☐ Car ☐ Boat	☐ Free diving ☐ Scuba ☐ Solo
☐ Indoor climbing	Aircraft type:	☐ Motorcycle ☐ Snowmobile	Certification? ☐ Yes ☐ No
☐ Snow climbing	**or**	☐ ATV	Type:
☐ Glacier climbing	☐ Hang-gliding ☐ Paragliding	☐ Other:	
☐ Ice climbing	☐ Skydiving ☐ Ultra-light	Vehicle type (e.g.: make, model, cylinders):	Average dive depth (ft or m):
☐ Rock/mountain climbing	☐ Hot air balloon		
Altitude :	Motorized? ☐ Yes ☐ No		Dive location (e.g.: lakes, oceans, seas):
☐ less than 13,000 ft or 4,000 m	License held:	Race type (e.g.: acceleration, stock car, demolition):	
☐ more than 13,000 ft or 4,000 m	☐ Student pilot ☐ Private pilot		☐ Ice dive ☐ Cave dive
Region where climbing takes place:	☐ Airline pilot		☐ Wreck dive – no penetration
	☐ Commercial pilot		☐ Wreck dive – penetration
Past:	Hours accumulated:	Max speed achieved during races (km/h):	Use of gas (e.g.: trimix, heliox)?
Planned:	Purpose of flights:		☐ Yes ☐ No
	Regions flown over:		

J - FOR UNDERWRITING USE ONLY

Preliminary tentative assessment: ☐ Standard ☐ Extra premium or exclusion ☐ Decline or postpone

Details:

By: (underwriting dep't) Date (YYYY/MM/DD):

Note: This document is not an insurance application, offer or policy. Preliminary assessment results are only an opinion based on information disclosed by the applicant. A final decision will only be made upon receipt of a duly completed application and basic information about the applicant's age, the amount of insurance, and any other requirements deemed necessary by Desjardins Insurance's underwriting department.