P.O. Box 4241, Station A
Toronto, ON M5W 5R3
ivari.ca

Pre-Disability Self Employed Profile

Insured's name	Policy Number(s)

1 Business Arrangements

What is/are your present occupation(s)? ______

Employer (if applicable): ______

What legal entity is your business operating as? Sole Proprietorship Partnership

Corporation: Name ______ % of ownership ______

In your business, do you share any income or expenses with others? Yes No

If ***"yes",*** please describe: ______

2 Work Location

BUSINESS DETAILS	HOME OFFICE	CLINIC OR BUSINESS OFFICE	OTHER LOCATION	SPECIFY OTHER LOCATION
a) Where do you normally conduct your business?				
b) How much of your time is spent at each location?	%	%	%	
Do you or a related party own the premises where you work?	Yes No	Yes No	Yes No	
What percentage of the premises do you own, if applicable?	%	%	%	
What percentage does your related party own, if applicable?	%	%	%	
d) Do you lease any of your space to others?	Yes No	Yes No	Yes No	If ***"yes",*** ______% and $ ______ Amount

3 Employees

EMPLOYEE NUMBER	WHAT IS THIS EMPLOYEE'S POSITION AND/OR FUNCTION?	THIS PERSON, ON AVERAGE, WORKS:	IS THIS PERSON RELATED TO YOU?	WHAT IS YOUR SHARE OF THIS PERSON'S MONTHLY SALARY?
1		hrs/wk	Yes No	$
2		hrs/wk	Yes No	$
3		hrs/wk	Yes No	$
4		hrs/wk	Yes No	$

Additional Comments: ______

4 Management Company

a) Do you pay any management company fees? Yes If ***"yes,"*** how much do you pay? $ ________ /month
No If ***"no,"*** skip this section

b) Provide the name and address of the management company you use: ________

c) What services are provided by this management company? ________

d) Do you or a related party have any financial stake or interest in, or relationship to, this company or its ownership?
Yes No If ***"yes,"*** please describe: ________

5 Principal Activities

PLEASE INDICATE AND DESCRIBE YOUR USUAL OCCUPATIONAL DUTIES. FOR EACH ACTIVITY, PROVIDE APPROXIMATE FIGURES BASED ON YOUR MONTHS AVERAGES.	HOURS SPENT ON THIS ACTIVITY PER MONTH	APPROXIMATE EARNINGS PER MONTH	OR	PERCENTAGE OF EARNINGS PER MONTH
Occupational Duty		$		%
Description				
Occupational Duty		$		%
Description				
Occupational Duty		$		%
Description				
Occupational Duty		$		%
Description				
Occupational Duty		$		%
Description				
Occupational Duty		$		%
Description				

Attach a separate page if you require more room to complete this section.

6 Other Income

a) Excluding investment income, and excluding income earned from your principal activities, do you generate any other income? Yes No

b) If ***"yes,"*** please indicate your other source(s) of income — Approximate monthly income from this source

______________________________ $ ______________

______________________________ $ ______________

7 Typical Schedule

a) How many weeks of vacation do you take per year? ______________

b) How much time do you spend on Continuing Education per year? ______________ Days Weeks

c) Enter the number of hours you usually work (in a typical week) in the time slots indicated:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mornings							
Afternoon							
Evenings							

Total number of hours worked per week, on average: ______________

d) What is your call schedule (if applicable)? ______________

8 Motor Vehicle

a) Please indicate the year and model of your vehicle: ______________

b) Is this vehicle owned or leased? Owned Leased Date lease terminates: ______________ (DD/MM/YYYY)

c) What is your total monthly leasing or depreciation cost? $ ______________

d) What percentage of this amount is for business use? __________%

9 Additional Details

Please provide any additional comments or information regarding your income, expenses or business arrangements that would assist us in understanding your pre-disability self employed profile. If there are any special occupational requirements or demands you would like us to know about, please also provide details in this space.

10 Financial Records

Please identify the custodian and location of your financial records.

Name/Company			
Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code
Telephone number	Email address		

Please Note: Information provided on this form will be treated with the utmost confidentiality and will not be released without your specific, written permission.

11 Notice regarding collection, use and disclosure of personal information – (Privacy Notice)

ivari's Privacy Policy, available at **ivari.ca,** tells you how ivari will handle your personal information as an Owner, Insured and/or Claimant. It also tells you about your rights and choices.

In summary:

ivari uses your personal information for the following purposes:

- Verifying your identity;
- Evaluating your application and any applications or forms you submit in the future about the insurance you have in place with ivari;
- Administering and servicing the policy;
- Supporting business operations necessary for us to service the policy;
- Conducting investigations and analyzing claims; and
- Complying with our legal and regulatory obligations (such as tax reporting, compliance with anti-money laundering and anti-terrorist financing laws, and prudential and market conduct laws) and/or any legal or regulatory orders (for example, a court order, subpoena) against ivari.

When required as part of our claims analysis, we may also collect your personal information from external sources such as health care facilities or providers, investigative agencies and/or consumer and credit reporting agencies, and others.

When required, ivari may share your personal information with trusted third parties, including service providers retained by ivari to assist in administering ivari policies, ivari's reinsurers; your financial institution, your independent insurance advisor and their supporting associates, market intermediaries, your beneficiaries and assignees, your family physician or treating medical practitioner and other insurance companies to whom a claim for benefits may be submitted.

It is possible that your personal information may be transferred, stored, handled, or processed outside your jurisdiction and that authorities in those jurisdictions may have access to it.

In some cases, you have a **right to withdraw consent** to the use and sharing of your personal information. You also have the **right to see and correct** the information we have about you, and to **obtain information about any fully automated decisions** we make using your information. Mail your written request to: **Chief Privacy Officer, ivari, 200-5000 Yonge Street, Toronto, Ontario M2N 7E9 or email: privacyoffice@ivari.ca.**

You can see ivari's full Privacy Policy online at ivari.ca. Please make sure you read it carefully so that you understand it in full. Please note that we may update this Privacy Policy from time to time.

CONSENT REQUIRED FOR THIS FORM AND POLICY

The following consents are required to proceed with and submit this form to ivari:

1. I give my consent to the collection, use and disclosure of my personal information as described in the **Privacy Notice** and in ivari's Privacy Policy on **ivari.ca.**
2. I authorize ivari to collect my personal information from third parties for the purposes described in and in accordance with ivari's Privacy Policy.

Signature of **Insured**

Signature of **Claimant**

12 Certification

By signing below, I certify that:

- I am authorized to give instructions in respect of the policy identified on this form.
- The information provided in this form is true and complete to the best of my knowledge and belief.
- I have read and fully understood the contents of this form, and I acknowledge and agree to its term.

Signature of Claimant

Claimant's name

Date: (DD/MM/YYYY)

Signature of Witness

Witness name

Date: (DD/MM/YYYY)

P.O. Box 4241, Station A, Toronto, ON M5W 5R3 • Telephone: 1-855-806-5057 • **claimsdepartment@ivari.ca**

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