



# Foreign Travel Questionnaire

(to be completed by the Insured)

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(DD/MM/YYYY)

1 Birthplace: \_\_\_\_\_ Citizenship: \_\_\_\_\_

2 If not a Canadian Citizen, what is your status in Canada? \_\_\_\_\_

3 Country of Permanent Residence: \_\_\_\_\_ How long have you resided in Canada? \_\_\_\_\_

4 Please list each city and country outside North America to which you have traveled in the past two years, the length of stay in each location and the specific date of the travel.

CITY AND COUNTRY	LENGTH OF STAY	PURPOSE OF TRAVEL	DATE OF RETURN TO CANADA (DD/MM/YYYY)

5 List each city and country outside North America to which you will be traveling, the length of stay in each location, the specific date of the travel and how many times per year you visit each location.

CITY AND COUNTRY	LENGTH OF STAY	# OF TIMES PER YEAR	PURPOSE OF TRAVEL	DATE (DD/MM/YYYY)

6 Other Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my answers to the above questions will be relied on by ivari in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to ivari.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Witness