SUTTON
SPECIAL RISK

33 Yonge Street
Suite 400
Toronto, Ontario
M5E 1G4
(416) 366-2223
Fax: (416) 366-4608
www.suttonspecialrisk.com

SHORT TERM MEDICAL DECLARATION

Proposed Insured Person:_____**Citizenship:**_____

Address:_____

Date of Birth: _____ **Sex:**_____ **Height:**_____ **Weight:**_____
(day/ month/year)

Salary:_____**Occupation:**_____

Nature of Duties:_____

1. Have you ever been treated for, or had any known indications of any of the following:
   Cancer, tumor, heart attack, chest pain, abnormal blood pressure, circulatory disorder, stroke, Diabetes, kidney abnormality, prostate abnormality, urinary abnormality, hepatitis, liver disorder, lung or respiratory disorder, unusual infection, disease of the nervous system, anxiety, depression, mental or nervous disorder, drug or alcohol abuse?..... ◯ **Yes/No** ◯
2. Have you received in the last 12 months, or do you expect to receive treatment or advice for any medical condition?..... ◯ **Yes/No** ◯
3. Do you take or have you been prescribed any medications?..... ◯ **Yes/No** ◯
4. Do you have any physical impairments or disabilities (including hearing or sight)?..... ◯ **Yes/No** ◯
5. Do you have any disorder of or injury to the muscles, tendons or ligaments?..... ◯ **Yes/No** ◯
6. Do participate in any of the following activities:
   a. Skydiving, hang gliding, paragliding, Piloting or operating any type of craft..... ◯ **Yes/No** ◯
   b. Scuba diving, cave diving, potholing or Kite surfing..... ◯ **Yes/No** ◯
   d. Racing automobiles/motorcycles or boats or racing of any other kind..... ◯ **Yes/No** ◯
   e. Bungee jumping, Mountaineering or climbing of any kind..... ◯ **Yes/No** ◯
   f. Snowboarding or skiing..... ◯ **Yes/No** ◯
   g. Professional sports..... ◯ **Yes/No** ◯
   h. Any other hazardous activity not listed above..... ◯ **Yes/No** ◯

If you answered yes to any question above, please give details below:

DECLARATION

I hereby warrant that the above statements are true and correct to the best of my knowledge and belief and, that I have not withheld any information which is calculated to influence the decision of the Insurer. I understand that non-disclosure or misrepresentation of a material fact will render this insurance null and void.

NOTE: A material fact is one likely to influence acceptance or assessment of this application by the Insurer. If you are in doubt as to what constitutes a material fact you should consult your agent, or SUTTON SPECIAL RISK INC.

I understand that signing this application does not bind me to complete the insurance but, I do agree that, should a Document of Insurance be concluded, this Application, and the statements made herein, shall form the basis of the Insurance. Further, that SUTTON SPECIAL RISK INC. is hereby authorized as the sole representative for placement of this insurance.

Signature of Proposed Insured — Date: (day/month/year)

Applicant/Owner (corporation/partnership/trustee or individual other than Proposed Insured)

By (signature) — Title

Witnessed, by Licensed resident agent — Date: (day/month/year)