

Important: Fill out in block letters and answer each section as accurately as possible.

Application or contract number _____
 Insured's first name _____ Last name _____
 Date of birth | Y | Y | Y | Y | M | M | D | D |

Section A – Questionnaire

1. Please specify branch, division or unit and rank details:

Branch	Division	Unity	Rank

2. What is your current status? Full time Part time (reserve or regular) Retired

3. Where is your base located? _____

4. Will you be relocated? Yes No **If yes, specify:** _____

5. Describe your current duties:

6. Do you take part in any of the following activities? If yes, please provide details:

Activities	Yes	No	Details
Use of weapons	<input type="checkbox"/>	<input type="checkbox"/>	
Use of explosives in any form	<input type="checkbox"/>	<input type="checkbox"/>	
Scuba diving	<input type="checkbox"/>	<input type="checkbox"/>	
Aviation	<input type="checkbox"/>	<input type="checkbox"/>	Are you a: <input type="checkbox"/> Pilot <input type="checkbox"/> Crew member Aircraft type: _____ Flying hours: _____
Skydiving	<input type="checkbox"/>	<input type="checkbox"/>	
Special services	<input type="checkbox"/>	<input type="checkbox"/>	
Overseas peace officer	<input type="checkbox"/>	<input type="checkbox"/>	

7. Have you been placed on alert or standby for overseas service? Yes No **If yes, please provide details:**

Section B – Signatures

I declare that all statements and answers provided above are complete and true and that the information shall form part of my insurance application with UV Insurance.

Signed in _____ | Y | Y | Y | Y | M | M | D | D |

X _____
 Signature of the person be insured

X _____
 Signature of owner (required if insured is a minor)