

## Accident & Serious Illness Disability Application Form

### POLICYHOLDER INFORMATION

Policyholder Name			
Address	City	Province	Postal Code
Contact Person	Telephone Number		
Email Address			
Nature of Company's Business			
Requested Effective Date <input type="checkbox"/> If you wish to backdate coverage, please check the box to confirm no claims.			
Please list any subsidiaries or associated companies that will be participating in the plan.			

### POLICY INFORMATION

Coverage Requested	Number of Lives
Monthly Rate	Estimated Premium

### AUTHORIZATION AND DECLARATION

I acknowledge and agree that the quotation forms a part of this application. I declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (i) this application will form part of any policy issued, (ii) no information given to Sutton Special Risk ("Sutton") will bind it, unless it is agreed to in writing by an authorized representative of Sutton, (iii) no waiver or modification will bind Sutton unless it is in writing and agreed to by an authorized representative of Sutton, (iv) our receipt and deposit of your initial premium does not constitute our acceptance of liability, and (v) if you have misrepresented or concealed any material fact or circumstance, we may rescind any policy issued.

  
  
  

Signature	Name
Title	Date

**AUTHORIZATION AND DECLARATION CONTINUED**

On behalf of \_\_\_\_\_, I acknowledge and understand that the group policy that we have agreed to bind with Sutton is not a standard Long Term Disability group policy.

Coverage is limited under the policy. Employees will only be eligible for benefits if they suffer or are diagnosed with a benefit covered, and where applicable defined, in the policy. There is no coverage if a disability results from any other illness or condition. The premiums for the policy reflect this restricted coverage.

I have the authority to bind \_\_\_\_\_ and acknowledge that the restrictions and implications of this coverage have been clearly explained to us and that we understand and agree to them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Title