Customer Service Information

Name				 Date of Brith			
Mailing Address							
Civic Address							
Social Insur. No.							
Home Phone				 Bus Phone			
Cell Phone							
Email							
Marital Status	o Married		Single	Divorced		O Common Lav	V
Spouse's Name							
Smoker	o Yes	o No					
Occupation							
Employer Name							
Employer Address							
Monthly Income				 Years Employe	ed _		
Children Name		Date of Birth		Driver's License Information			
	=			No.			
	-			Issue Date			
	_			Expiry Date			



Customer Service Information

Personal Insurance	Yes	o No		with	
Group Insurance	o Yes	o No		with	
Group Disability Insurance	o Yes	o No		with	
Personal					
Disability Insurance	o Yes	o No		with	
Critical Illness	o Yes	o No		with	
Group Pension/RRSP	o Yes	o No			
			Monthly Contribution	with	
RRSP's	o Yes	o No		with	
				with	
Non-Reg	o Yes	o No		with	
				with	
House	o Own	○ Rent		with	
Mortgage				Renewal Date	
Insured(covered)	o Yes	o No			
Approx. Net Worth				Invest. Knowledge	
Approx. Liquid Assets				S	-
Comments/Notes					