

# Summary of Coverages

# MORTGAGE PLAN

## 1. PERSONAL INFORMATION

**NOTE: It is important to complete this section (1) prior to printing the form.**

**BORROWER**

Last name

First name

Gender

 M

 F

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR	AGE

## 2. MORTGAGE INFORMATION

**ADDRESS OF THE MORTGAGED PROPERTY**

Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N°	STREET	APT.	CITY	PROVINCE	POSTAL CODE

Number of dwellings (if applicable)

Is there any business in the building?

 Yes

 No

If so, please specify

**IDENTIFICATION OF THE CREDITOR (PRIVATE OR FINANCIAL INSTITUTION)**

<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	TELEPHONE	FAX

Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N°	STREET	SUITE	CITY	PROVINCE	POSTAL CODE

**LOAN PARTICULARS**
 Mortgage loan

 Home equity line of credit

\$

**INITIAL LOAN AMOUNT**

\$

**MONTHLY PAYMENT**  
(capital, interest and property taxes if you included)

Loan term

 1 year

 2 years

 3 years

 4 years

 5 years

 other

Amortization period

NUMBER OF YEARS

Date of loan

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR

Effective date

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR

End date of loan term

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR

Please attach a copy of the mortgage loan agreement.

### 3. MORTGAGE PLAN

**BORROWER**

Non-smoker

Smoker

			AMOUNT INSURED (\$)	MONTHLY PREMIUM (\$)
<b>Mortgage life</b>				
<b>Mortgage disability</b>				
Principal residence <input type="checkbox"/> Option A: 24-month benefit period <input type="checkbox"/> Option B: Duration of loan	Second residence <input type="checkbox"/> Option A: 24-month benefit period	Building of 8 dwellings or less <input type="checkbox"/> Option A: 24-month benefit period <input type="checkbox"/> Option B: Duration of loan		
<b>Total premium</b>			<b>\$</b>	

**CO-BORROWER**

Non-smoker

Smoker

			AMOUNT INSURED (\$)	MONTHLY PREMIUM (\$)
<b>Mortgage life</b>				
<b>Mortgage disability</b>				
Principal residence <input type="checkbox"/> Option A: 24-month benefit period <input type="checkbox"/> Option B: Duration of loan	Second residence <input type="checkbox"/> Option A: 24-month benefit period	Building of 8 dwellings or less <input type="checkbox"/> Option A: 24-month benefit period <input type="checkbox"/> Option B: Duration of loan		
<b>Total premium</b>			<b>\$</b>	
<b>Total monthly premium</b> <small>(Borrower and Co-borrower)</small>			<b>\$</b>	
<b>Annual monthly = monthly premium x 12</b>			<b>\$</b>	


The person to be insured asks that Canassurance Hospital Service Association and/or Canassurance Insurance Company issue a contract as per the benefits chosen in the Summary of coverages document. This document will be part of his/her insurance application.

Signed in  this  day of  20

CITY DAY MONTH YEAR



SIGNATURE OF PRIMARY INSURED



SIGNATURE OF REPRESENTATIVE

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