

COVID-19

Supplementary Underwriting Questionnaire

Name: _____ Policy number: _____

1. In the last 14 days, have you:
 - a. Been in contact with anyone who has been diagnosed with or been exposed to the Novel Coronavirus (Covid-19)..... YES / NO
 - b. Been in contact with anyone who was, or is currently “self-isolating” due to the Novel Coronavirus (Covid-19)..... YES / NO
 - c. Returned from an overseas country, whether you are required to self-isolate or not..... YES / NO

If you have answered YES to any of the above questions, please provide full details below:

2. Do you have travel planned to any overseas destination in the next 6 months..... YES / NO

If yes, please provide full details below:

3. In the last 14 days, have you suffered any of the following symptoms:

- a. Fever
- b. Cough
- c. Sore Throat

If yes to a, b and/or c above, please provide full details including any doctor visits, whether symptoms have ceased or are ongoing, and any other relevant detail below:

Signed: _____

Dated: _____