

1. Have you suffered or do you suffer from any illness which has forced you to seek medical treatment or monitoring or to interrupt your work for more than 15 consecutive days in the last 2 years? **No**

2. Are you currently off work due to illness or regularly take medicine or subject to medical treatment for any illness not covered by the previous question? **No**

3. Have you received medical advice to receive any surgical operation, medical examination, control or test or suffer from any disorder which requires a doctor's consultation? **No**

4. Do you have any alteration (physical, psychic, functional, analytical or medical test? Have you suffered or do you suffer from any neurological, mental or psychological disorder, musculoskeletal disorder (rheumatic or articular), contagious-infectious disease or sexually transmitted disease? Do you suffer from kidney, liver, heart, stomach disorders or other organs?

.....~~YES~~/NO

5. Have you suffered or do you suffer from angina pectoris, myocardium infarct, diabetes requiring insulin, cancer or malignant tumours, HIV positive and/or AIDS, hepatitis C, cardiac insufficiency, asthma attacks requiring hospital admission, chronic bronchitis or emphysema?

.....~~YES~~/NO

6. Do you have at least two of the following risk factors?: High cholesterol, high blood pressure or high sugar?.....~~YES~~/NO

7. Have you suffered any accident forcing you to interrupt your work for more than 10 days? or are you currently off work due to this accident?

.....~~YES~~/NO

Do you have any after-effects in any internal organ (liver, lung, heart, kidney, spleen, etc.) or brain caused by the accident?

.....~~YES~~/NO

Do you suffer from after effects with your vertebral column, upper or lower limbs or articulations?

.....~~YES~~/NO

8. Have you been granted or have you applied for any type of permanent disability?

.....~~YES~~/NO

What type?.....

9. Weight: **77** Kg.

Size: **1.75** cm.

10. Do you smoke? .....~~YES~~/NO

Daily consumption:

Cigarettes: .....

Cigars: .....

Pipes: .....

11. Do you drink alcohol? .....~~YES~~/NO

Daily consumption:

Glasses of wine (125ml): **1**.....

Glasses of liqueur (40 ml): Glasses of beer (500 ml): **0**.....

Do you have abnormal transaminase?.....~~YES~~/NO

12. Is your profession related with any of the following activities? Aviation, military, transport and/or handling of hazardous materials (inflammable, explosive, corrosive or nuclear), marine, police, mining and professional sports.....~~YES~~/NO

What activity is it?.....XXXXXXXXXX

13. Do you currently have other life insurance or the intention to purchase one for a global sum in excess of 180,000 euros? .....~~YES~~/NO

Is the life insurance related to a loan/credit arrangement? .....YES/NO

Amount of insurance applied for: .....9.999.999

Number of policies with other companies:

Aggregate amount of policies with other companies: .....9.999.999

14. Do you live more than 30 days a year in a non/European Union country .....~~YES~~/NO

Country...

Quind Verschoor

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