

DECLARATION FOR VOICE RELATED OCCUPATIONS

Applicant (please print name in full): _____

Date of Birth: _____ Sex: _____ Height: _____ Weight: _____
MM/DD/YY

Occupation: _____

Nature of duties: _____

Beneficiary (if applying for **AD&D** coverage: _____

Please circle one

- | | | |
|--|------------|-----------|
| 1. Have you ever been diagnosed with or treated for disorders of the laryngeal muscles, laryngeal ulcers or granulomas, nodules or polyps of the vocal folds? If YES , please give details. | YES | NO |
| 2. Have you ever suffered from and been treated for chronic laryngitis, pharyngitis, respiratory allergies or ear infections? If YES , please give details. | YES | NO |
| 3. Have you ever been diagnosed with a medical condition that might require abdominal surgery in the foreseeable future? If YES , please give details. | YES | NO |
| 4. Are you currently receiving treatment, including medications, for any medical conditions that could potentially affect the processes of voice production and stamina - e.g. GERDS, asthma, hypertension, hypotension, hyperthyroidism, diabetes, chronic sinusitis, allergies, hormone imbalance or digestive disorders? If YES , please give details. | YES | NO |
| 5. Have you ever had to cancel any performances due to voice-related problems other than routine acute conditions such as bronchitis, laryngitis, pharyngitis, flu or common cold? If YES , please specify and advise how many performances you missed. | YES | NO |

Declaration for Voice-Related Occupations - cont'd

Please circle one

6. Are you ever required to sing in venues where smoking is allowed? If **YES**, how often and for what periods of time? **YES** **NO**
7. Do you smoke? If **YES**, how often? **YES** **NO**
8. Do you consume alcoholic beverages? If **YES**, with what frequency? **YES** **NO**
9. Have you ever had to cancel performances due to fatigue, burnout, changes in altitude or effects of flying? If **YES**, please give details. **YES** **NO**

DECLARATION:

I hereby warrant that the above statements are true and correct to the best of my knowledge and belief and, that I have not withheld any information which is calculated to influence the decision of the Insurer.

I understand that signing this declaration does not bind me to complete the Insurance but I do agree that, should a Document of Insurance be concluded, this declaration and the statements made herein, together with the Application, shall form the basis of the Insurance.

Signature of Applicant: _____

Date: _____

MM/DD/YY