

Important: Fill out in block letters and answer each section as accurately as possible.

Section A—Collection, Use and Disclosure of Personal Information

This form allows UV Insurance to collect personal information related to the analysis of professional activities, including studies and experiences.

Your personal information is used to:

- ▶ Identify you
- ▶ Analyze professional activity;
- ▶ Comply with legal and regulatory requirements (in particular to prevent, detect or prosecute offences, cyber threats and fraud)

The information disclosed on this form will be forwarded to the UV Insurance staff responsible for processing the application, as well as to any other person authorized by law.

Section B—Identification

1. Contract # _____ Certificate # _____
2. First name _____ Last name _____

Section C—Questionnaire

Please attach a copy of your resume and complete the additional information below.

1. What is your highest level of education completed?

- ☐ No diploma ☐ High school: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Diploma of Vocational Studies (DVS)
☐ College (DCS) ☐ Bachelor's ☐ Master's
☐ Ph.D. ☐ Other: _____

2. Fields of study in which you obtained your diploma(s)?

3. Have you completed any vocational training(s)? ☐ Yes ☐ No

If **Yes**, specify the type of training and year of graduation:

Type of training	Year of graduation

4. How many years have you been in the labour market?

- ☐ Less than 1 year ☐ 1 to 5 years ☐ 6 to 10 years ☐ 11 to 15 years ☐ More than 15 years

5. Please complete the following table by indicating all the jobs you have held, including the name of your employer, your job title and the period of employment.

Employer name	Occupation	Start date	End date

Section C—Questionnaire (cont.)

- ## 6. Language skills

[illegible]

- ## 7. Computer skills

[illegible]

8. Do you have one?

Do you have one?	Yes	No
Computer and/or tablet	☐	☐
Smartphone	☐	☐
Internet	☐	☐

9. Please check and specify where applicable:

- ☐ Certifications _____
 - ☐ Competency card _____
 - ☐ Driver's licence _____
 - ☐ Professional order _____

10. What are your hobbies and/or interests?

Section E—Consent and Signature

By signing, you understand that in the event any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our **Privacy Policy**.

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein.

By signing below, the undersigned certifies that the information provided is complete and true and that a photocopy of this document is of the same value as the original.

X _____ Signature _____ Name of signatory (please print) _____ Date _____

