PFS
SPECIALTY RISK UNDERWRITERS

Covid-19 Questionnaire

Have you been diagnosed with or received treatment for any of the following within the last five years:

a)	Covid-19:	Yes	No
b)	Any lung disease, including asthma:	Yes	No
c)	Diabetes:	Yes	No
d)	Heart disease, including high blood pressure:	Yes	No
e)	Chronic kidney disease or liver disease:	Yes	No
f)	Auto-immune disorders or cancer:	Yes	No

If the answer is ***YES*** to any of the above questions, please give dates and full details.

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Signature of Proposed Insured Date