



## ADDITIONAL DETAILS

PRIMARY PROPOSED INSURED: \_\_\_\_\_

Question number, diagnosis, date of onset and recovery, medication/treatment prescribed and the name, address and telephone number of all attending physicians and hospitals.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**→ Signature of witness**                      **X**                      Date        /        /