

DRUG USAGE QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Date of Birth _____ Policy No.: _____
(dd/mm/yyyy)

1. Are you now using or have you in the past used the following drugs?
- a) Opiates: heroin, morphine, demerol, methadone, codeine, etc. Yes No
 - b) Barbiturates: amytal, phenobarbital, seconal, nembutal, pentonarbital, etc. Yes No
 - c) Marijuana, hashish, cannabis, THC-Delta 9, etc. Yes No
 - d) Amphetamines: Benzedrine, dexedrine, methedrine, preludin, etc. Yes No
 - e) Cocaine, crack Yes No
 - f) Hallucinogens: LSD, DMT, mescaline, peyote, psilocybin, ecstasy, etc. Yes No
 - g) IV drug use Yes No
 - h) Other _____ Yes No

If "yes" to any of the above, please give details:

Type	Usual Quantity	Frequency of Use	Dates used: from - to

2. Have you ever consulted a doctor or received treatment because of drug abuse? Yes No
 If "yes", give names and addresses of doctors, hospitals and institutions consulted, with dates in each instance:

3. Have you ever been confined to bed or lost a job due to excessive use of any drug? Yes No If "yes", give dates and details:

4. Have you ever been arrested or charged in connection with drugs? Yes No If "yes", give dates and details:

5. Have you ever suffered from a liver disorder? Yes No If "yes", give dates and details:

6. Give amounts, types and frequency of beer, wine or alcohol consumption:

7. Have you ever been to Emergency? Yes No If "yes", give dates and details:

8. Please provide any additional information which you feel is important to clarify the information requested herein:

9. Other Comments:

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the _____ day of _____ 20____; and they shall be of the same effect as if contained in the original application.

Dated at _____ this _____ of _____ 20____

Witness

Proposed Insured