

OCCUPATION QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. What is your principal occupation? _____
 Please give a short description of work performed:

Describe any hazardous aspect:

2. What are your other occupations, if any? _____
 Please give a short description of work performed in these occupations:

Describe any hazardous aspect:

3. Do your duties involve the following? (Please give details below)

- Lifting or moving heavy goods Yes No _____
- Working underground or at heights Yes No _____
- Regular travel abroad Yes No _____
- Working with any type of equipment Yes No _____
- Changeable working hours Yes No _____

4. Have you ever had an accident while at work? Yes No If yes, please give details:

5. Do you work from an office in your home? Yes No If yes, please answer the following:

How many hours do you work each week?

a) in total _____

b) in your office _____

c) away from your office _____

How often each week do you work away from your office? _____

Does your office have a separate entrance, distinct from the main residential entrance? Yes No

What duties of your occupation are performed away from your office?

6. Do you intend to change the nature of the work you perform in the next twelve months? Yes No If yes, please give details:

7. Please provide any additional information which you feel is important to clarify your answers:

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured
		X