

## PARACHUTING / SKY DIVING QUESTIONNAIRE (to be completed by proposed insured)

Name: \_\_\_\_\_ Application No.: \_\_\_\_\_

1. What class of licence do you have? \_\_\_\_\_
2. Date obtained and from where? \_\_\_\_\_
3. How many jumps have you logged? \_\_\_\_\_
4. What club(s) do you belong to? \_\_\_\_\_
5. Do you jump professionally, compete for record attempts or use experimental equipment? ☐ Yes ☐ No  
If yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you ever had an accident parachuting? ☐ Yes ☐ No If yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Number of jumps: Last 12 months: \_\_\_\_\_ Next 12 months: \_\_\_\_\_

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