

DRUG USAGE QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Are you using or have you ever used any of the following , other than prescribed and supervised by a physician?

- a) Cannabis, Marijuana, 'Hashish', 'Pot', 'Weed', etc. Yes No
- b) Cocaine, 'Coke', 'Crack', 'Snow', etc. Yes No
- c) Amphetamines, Ecstasy, 'Ice', MDMA, 'Speed', 'Uppers', etc. Yes No
- d) Hallucinogens, LSD, 'Acid', 'Angel dust', 'Haze', 'Microdots', etc. Yes No
- e) Opiates, Codeine, Heroin, Methadone, Morphine, Opium, 'Smack', etc. Yes No
- f) Barbiturates/Sedatives, Diazepam, 'Downers', Nitrazepam, 'Tranks', etc. Yes No
- g) Solvents, Aerosols, glue, etc. Yes No
- h) IV drug use Yes No
- i) Other _____ Yes No

2. For all drug(s) used, please provide full details:

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

3. Have you ever consulted a doctor, been recommended for or received treatment or counselling for drug abuse? Yes No
 If Yes, please provide names and addresses of doctors, hospitals and institutions consulted, with dates in each instance:

4. Have you ever been hospitalized or treated for a drug overdose? Yes No

If Yes, please provide dates and details:

5. Have you ever suffered any medical condition or impairment related to your drug usage, e.g. hepatitis, HIV, mental health disorder etc.? Yes No

If Yes, please provide dates and details:

6. Are you/have you ever been a member of Alcoholics Anonymous, Narcotics Anonymous or a similar association? Yes No

If Yes, please provide full details including dates of each occurrence:

7. Have you ever been arrested or convicted for any drug or alcohol related offence, including driving under the influence, reckless driving, or ever had your driver's license suspended or been required to attend drug or alcohol awareness programs ordered by the court? Yes No

If Yes, please provide full details including dates for each occurrence:

8. Have your job duties been affected or restricted in any way or have you missed any time from work or school because of your drug use? Yes No

If Yes, please provide dates and details:

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