

PARACHUTING/SKY DIVING QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. What class of licence and/or certification 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/sky diving? Yes No If yes, please provide details:

7. Number of jumps: Last 12 months: _____ Next 12 months: _____
8. Have you done or plan to do HALO or BASE jumping? Yes No If yes, please provide details:

9. Additional comments:

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