

**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 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