

**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