

SKY DIVING QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you belong to a club affiliated with the Canadian Sport Parachuting Association? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you follow the regulations and safety standards established by the Canadian Sport Parachuting Association?
If no, please explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| 3. How long have you been sky diving? _____ | | |
| 4. Number of jumps: a) In the last 12 months: _____ | | |
| b) One to two years ago: _____ | | |
| 5. Do you take part in exhibitions or competitions? If yes, describe the nature of these events: | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| 6. Do you receive remuneration for sky diving activity? If yes, give full details: | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| 7. Are you an airplane pilot or do you intend to become one? If yes, complete Aviation Questionnaire (form#138). | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If we assess an extra premium for sky diving activities, would you prefer an exclusion instead? | <input type="checkbox"/> | <input type="checkbox"/> |

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