

**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?<br>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 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