

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 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