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**PARACHUTING / SKY DIVING QUESTIONNAIRE** (to be completed by Proposed Insured)

Name: \_\_\_\_\_ Application No.: \_\_\_\_\_

1. What class of licence and/or certification do you have? \_\_\_\_\_

2. Date obtained and from where? \_\_\_\_\_

3. How many jumps have you logged? \_\_\_\_\_

4. What club(s) do you belong to? \_\_\_\_\_

5. Do you jump professionally, compete for record attempts or use experimental equipment?  Yes  No  
If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever had an accident parachuting/sky diving?  Yes  No If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Number of jumps: Last 12 months: \_\_\_\_\_ Next 12 months: \_\_\_\_\_

8. Have you done or plan to do HALO or BASE jumping?  Yes  No If yes, please provide details:

\_\_\_\_\_

9. Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Proposed Insured