

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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| • Working underground or at heights | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| • Regular travel abroad | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| • Working with any type of equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| • Changeable working hours | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 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