

DRUG USAGE QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Are you using or have you ever used any of the following , other than prescribed and supervised by a physician?
 - a) Cannabis, Marijuana, 'Hashish', 'Pot', 'Weed', etc. Yes No
 - b) Cocaine, 'Coke', 'Crack', 'Snow', etc. Yes No
 - c) Amphetamines, Ecstasy, 'Ice', MDMA, 'Speed', 'Uppers', etc. Yes No
 - d) Hallucinogens, LSD, 'Acid', 'Angel dust', 'Haze', 'Microdots', etc. Yes No
 - e) Opiates, Codeine, Heroin, Methadone, Morphine, Opium, 'Smack', etc. Yes No
 - f) Barbiturates/Sedatives, Diazepam, 'Downers', Nitrazepam, 'Tranks', etc. Yes No
 - g) Solvents, Aerosols, glue, etc. Yes No
 - h) IV drug use Yes No
 - i) Other _____ Yes No

2. For all drug(s) used, please provide full details:

Type	Usual Quantity	Frequency of Use	Dates used: from - to	
			From: dd/mmm/yyyy	To: dd/mmm/yyyy
			From: dd/mmm/yyyy	To: dd/mmm/yyyy
			From: dd/mmm/yyyy	To: dd/mmm/yyyy

3. Have you ever consulted a doctor, been recommended for or received treatment or counselling for drug abuse? Yes No
 If Yes, please provide names and addresses of doctors, hospitals and institutions consulted, with dates in each instance:

4. Have you ever been hospitalized or treated for a drug overdose? Yes No If Yes, please provide dates and details:

5. Have you ever suffered any medical condition or impairment related to your drug usage, e.g. hepatitis, HIV, mental health disorder etc.? Yes No
 If Yes, please provide dates and details:

6. Are you/have you ever been a member of Alcoholics Anonymous, Narcotics Anonymous or a similar association? Yes No
 If Yes, please provide full details including dates of each occurrence:

7. Have you ever been arrested or convicted for any drug or alcohol related offence, including driving under the influence, reckless driving, or ever had your driver's license suspended or been required to attend drug or alcohol awareness programs ordered by the court? Yes No
 If Yes, please provide full details including dates for each occurrence:

8. Have your job duties been affected or restricted in any way or have you missed any time from work or school because of your drug use? Yes No
 If Yes, please provide dates and details:

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