

DRIVING LICENCE QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Within the past 5 years, has your Driver's Licence been suspended or revoked? Yes No

If yes, please provide details:

Date (dd/mmm/yyyy)	Reason	For how long

2. Was this the first time your Driver's Licence was suspended or revoked? Yes No

Please provide details of previous offences:

Date (dd/mmm/yyyy)	Reason	For how long

3. Within the past 5 years, have you ever been convicted of a moving violation such as speeding, failing to obey traffic signals, careless driving, etc.? Yes No

If yes, please provide details:

Date (dd/mmm/yyyy)	Reason	For how long

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured X