

SCUBA DIVING, ROCK CLIMBING AND MOUNTAINEERING QUESTIONNAIRE

Financial centre no.	Advisor's no.
Contract no.	
Name of first insured	

PROPOSED INSURED

First name	Last name	Date of birth		
		D	M	Y

SCUBA DIVING

1- What is the purpose of your diving? Pleasure Work Other, specify: _____

2- What type of equipment do you use? Snorkel Diving suit Scuba
 Other, specify: _____

3- Where do you usually dive? (lakes in Canada, down South, etc.) _____

4- Do you do any ice diving? If **Yes**, specify: _____ 4 Yes No

5- Do you do any cave/cavern diving? If **Yes**, specify: _____ 5 Yes No

6- Do you do any wreck diving? If **Yes**, specify: _____ 6 Yes No

7- Have you taken any courses? If **Yes**, specify: _____ 7 Yes No

8- Do you hold a certificate? If **Yes**, specify: _____ 8 Yes No

9- Are you a member of a club? If **Yes**, specify: _____ 9 Yes No

10- Do you sometimes dive alone? If **Yes**, specify: _____ 10 Yes No

11- Have you ever suffered any side effects after diving? If **Yes**, specify: _____ 11 Yes No

12- Diving depth and experience	0 to 100 ft		101 to 150 ft		151 ft and more	
	Number of dives	Total hours	Number of dives	Total hours	Number of dives	Total hours
Past 12 months						
Next 12 months						

ROCK CLIMBING OR MOUNTAINEERING

1- Where do you climb? _____

2- Where do you expect to be climbing in the future? _____

3- How many feet do you climb? _____

4- Type of climbing: path rock snow glacier How long have you been practising this sport? _____
 other, specify: _____

5- Degree of difficulty: easy average difficult Where do you practise this sport? _____

6- Do you practise this sport: alone in a team Number and experience of team members: _____

7- Season(s) when climbing: Spring Summer Fall Winter

8- Number of climbs: _____ past 12 months: _____ next 12 months: _____

9- Are you affiliated with a club? 9 Yes No

10- Have you taken any courses? If **Yes**, specify: _____ 10 Yes No

11- Do you intend to change the type of climbing you do? If **Yes**, specify: _____ 11 Yes No

If your application is not approved at the regular rate, do you wish : to be covered for risks related to scuba diving, rock climbing or mountaineering on payment of an extra premium.
 not to be covered for risks related to scuba diving, rock climbing or mountaineering (if an exclusion is available).

I hereby acknowledge and certify that the above answers are complete and true and agree that they will form part of the insurance application.

_____ Date _____ Signature of proposed insured (if minor, signature of father, mother or tutor) _____ Signature of witness