

HAZARDOUS SPORTS QUESTIONNAIRE

This questionnaire is only to be used if a specific activity questionnaire is not available.

Name of Life Insured	Date of Birth (dd/mmm/yy)	Application #
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1. Type of sport (include any references or website that might explain the specifics of the activity you are engaging in):

Specify how you participate in this activity: on your own with a club/organized group – name of club/organized group:

How long have you participated in this activity?	Is this activity for competitive purposes or leisure?
Number of times per year you participate	Average time per day (hours)
Number of times you've participated in the past 24 months	Number of times you plan to participate in the next 24 months
Date you first participated (dd/mmm/yy)	Date of last participation (dd/mmm/yy)

2. Provide all locations where you engage in this activity (e.g. Rocky Mountains, Alberta/BC, other Canadian provinces, Europe, USA):

Have you ever had an accident, injury or mishap related to this activity? no yes – provide details:

Describe the level of expertise and where you currently rank, as well as any training you have completed:

What equipment do you carry?

Who owns the equipment?	Who maintains the equipment?
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If the activity works with grading, please provide details:

Do you intend to change the level of your engagement with the activity (e.g. amateur to advance, obtain certification)?
 no yes – provide details:

3. If you do not qualify for standard coverage, specify the type of policy desired:

Full coverage with an extra rating Exclusion

I hereby declare the above answers are complete and true, and agree that they shall form part of the application indicated above.

Signature of Life Insured X	Date (dd/mmm/yy)
Signature of Witness X	Date (dd/mmm/yy)