

# SNOW SKIING/BOARDING QUESTIONNAIRE

To be completed for any snow skiing or boarding activity the Life Insured engages in, other than groomed trail activities.

Name of Life Insured	Date of Birth (dd/mmm/yy)	Application #
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<b>1. Type of skiing/boarding:</b> (Indicate all that apply)	<input type="radio"/> Heli	<input type="radio"/> Cat	<input type="radio"/> Back country (off-piste)	<input type="radio"/> Freestyle/ acrobatics	<input type="radio"/> Other—specify: _____
Number of years of experience					
Is this activity for competitive purposes or leisure?					
Number of times you've participated in this activity in the last 24 months					
Number of times you plan to participate in this activity in the next 24 months					
Date of last participation (dd/mmm/yy)					
Do you participate alone or in groups?					
What means of transportation do you use to get to the starting point of the activity?					

**2.** Provide all locations where you engage in any of these activities (e.g. Rocky Mountains, Alberta/BC, other Canadian provinces, Europe, USA):

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Do you carry an avalanche detector?  yes  no

Have you ever had an accident, injury or mishap related to any of these activities?  no  yes – provide details:

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Do you use a professional guide service/company for any of the activities indicated above?  no  yes – provide name of company(ies)/website(s):

**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 <b>X</b>	Date (dd/mmm/yy)
Signature of Witness <b>X</b>	Date (dd/mmm/yy)

