

Questionnaire

Hiking/Mountaineering

IDENTIFICATION

Last name:	First name:
Contrat N°:	Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

INFORMATION

- How long have you been practising this sport? _____
- Please indicate the difficulty level of your climbs? Easy Moderate Difficult
- Where do you practise this sport? _____
- Please indicate the maximum elevation of your climbs: _____
- Please indicate the total number of climbs completed? _____
 In the last twelve (12) months? _____
 How many climbs do you plan on completing in the next twelve (12) months? _____
- Do you belong to a hiking/mountaineering club? Yes No
 If yes, please provide details: _____
- What type of equipment do you use? _____
- Have you ever been a member of a special expedition? Yes No
 If yes, please provide details: _____
- Have you ever had an accident while practising this sport? Yes No
 If yes, please provide details (circumstances, injuries sustained, after-effects, etc.): _____
- Please provide any other information you feel relevant to this activity: _____

DECLARATION

I hereby declare that the above information is complete, accurate and current. I agree that this information will be used as the basis of the assessment carried out in order to establish my eligibility for Canassurance Hospital Service Association and/or Canassurance Coverage. I also understand that, once my application has been assessed and approved, the information contained in this form will be an integral part of the insurance policy that will be issued. Any false statements in this form will lead to legal measures, including policy cancellation.

Signature of the insured

Date

Signature of policy holder (if different from Insured)

Date