Desjardins Insurance
LIFE • HEALTH • RETIREMENT

95 St. Clair Avenue West
Toronto ON M4V 1N7

SCUBA DIVING, ROCK CLIMBING AND MOUNTAINEERING QUESTIONNAIRE

First name and last name	Date of birth Y	M	D	Reference number: Case ID, Policy no., Contract no. or Application no.

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, oceans, 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 (signature of father, mother or legal guardian, if minor)	Signature of witness

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.