

HAZARDOUS SPORTS AND ACTIVITIES QUESTIONNAIRE

Policy Number: _____

Name: _____

Date of birth: _____

If you have participated in or plan to participate in hazardous sports or activities:

Complete section A for powerboat, snowmobile, motorcycle or automobile racing.

Complete section B for extreme snow skiing, mountaineering/climbing, parachuting/sky diving or ballooning/hang gliding/ultralight.

Complete section C for scuba diving

Complete section D for aviation

SECTION A – POWERBOAT, SNOWMOBILE, MOTORCYCLE OR AUTOMOBILE RACING

Type of machine			
Power boat <input type="checkbox"/> Monohull <input type="checkbox"/> Hydroplane <input type="checkbox"/> Thunderboat <input type="checkbox"/> Twin hull <input type="checkbox"/> Speed boat <input type="checkbox"/> Jet boat	Snowmobile <input type="checkbox"/> Single seater <input type="checkbox"/> Two seater <input type="checkbox"/> Fast acceleration <input type="checkbox"/> Back country (complete H below)	Motorcycle <input type="checkbox"/> Touring <input type="checkbox"/> Cruising <input type="checkbox"/> Sports	Automobile <input type="checkbox"/> Circuit racing <input type="checkbox"/> Drag racing <input type="checkbox"/> Formula racing <input type="checkbox"/> Karting <input type="checkbox"/> Rallies <input type="checkbox"/> Speedway <input type="checkbox"/> Stock car racing <input type="checkbox"/> Time trials <input type="checkbox"/> Other: _____
Type of race/competition/vehicles			
<input type="checkbox"/> Closed course <input type="checkbox"/> Straightaway <input type="checkbox"/> Offshore <input type="checkbox"/> Drag marathon <input type="checkbox"/> Timed speed trials <input type="checkbox"/> Inshore <input type="checkbox"/> Other: _____	<input type="checkbox"/> Oval course <input type="checkbox"/> Time speed <input type="checkbox"/> Snow cross <input type="checkbox"/> Trials <input type="checkbox"/> Cross country <input type="checkbox"/> Drag	<input type="checkbox"/> Cross country <input type="checkbox"/> Drag <input type="checkbox"/> Ice <input type="checkbox"/> Enduro <input type="checkbox"/> Hill climbs <input type="checkbox"/> Rally <input type="checkbox"/> Motocross <input type="checkbox"/> Road racing	<input type="checkbox"/> Make _____ <input type="checkbox"/> Model _____ <input type="checkbox"/> Year of manufacture ____ <input type="checkbox"/> Engine size _____ <input type="checkbox"/> Category _____ <input type="checkbox"/> Group _____ <input type="checkbox"/> Class details _____

A) Are the races: Recreational Competitive Sponsored Amateur Professional
 Club Sanctioned Non-Sanctioned

B) Average speed: _____ Maximum Speed: _____

C) Number of races in the last 12 months: _____

D) Expected number of races in the next 12 months: _____

E) Years of experience: _____

F) Have you ever had a racing accident? Yes No
 If yes, describe: _____

G) Location of races: _____

H) Back country snowmobiling: Dates: _____ Location: _____
 Frequency: _____ Future plans: _____

I) Additional comments: _____

**SECTION B – EXTREME SNOW SKIING, MOUNTAINEERING/CLIMBING, PARACHUTING/SKY DIVING OR
BALLOONING/HANG GLIDING/ULTRALIGHT**

Type of sport	
1) Extreme Snow Skiing	
A) Type: <input type="checkbox"/> Back country skiing <input type="checkbox"/> Freestyle or acrobatics <input type="checkbox"/> Ski mountaineering <input type="checkbox"/> Randonee skiing <input type="checkbox"/> Heliskiing <input type="checkbox"/> Ski jumping <input type="checkbox"/> Other (please specify) _____	
A) Frequency : _____	
B) Dates and locations of your outings in the past 12 months: _____	
C) What are your plans for future extreme snow skiing activities? _____	
2) Mountaineering and/or climbing	
A) Type: <input type="checkbox"/> Trail <input type="checkbox"/> Rock <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Glacier	
B) Frequency of each: _____	
C) Date and location of your last climb: _____	
D) Do you ever mountaineer / climb alone? _____	
E) Geographical location: _____	
F) Degree of difficulty: <input type="checkbox"/> Easy <input type="checkbox"/> Average <input type="checkbox"/> Difficult	
G) Highest climb: _____	
H) What are your plans for future mountaineering and/or climbing activities? _____	
3) Parachuting/Sky Diving	
A) Class of license held: _____	
B) How many jumps have you logged? _____	
C) Number of jumps in the last 12 months: _____	
D) Date of your last jump: _____	
E) Expected number of jumps in the next 12 months: _____	
F) What are your plans for future parachuting/Sky Diving activities? _____	
G) Have you ever had a parachuting accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____	
H) Do you jump professionally or use experimental equipment? _____	
4) Ballooning/Hang Gliding/Ultralight	
A) Type of craft: <input type="checkbox"/> Hot air balloon <input type="checkbox"/> Hang glider <input type="checkbox"/> Ultralight	
B) Construction: <input type="checkbox"/> Home assembled <input type="checkbox"/> Factory assembled <input type="checkbox"/> Rigid wings <input type="checkbox"/> Motorized <input type="checkbox"/> Non-motorized <input type="checkbox"/> Home-made	
C) Type of flying: <input type="checkbox"/> Advertising <input type="checkbox"/> Instruction <input type="checkbox"/> Student <input type="checkbox"/> Carrying passengers <input type="checkbox"/> Pleasure	
D) Total hours flown: _____	
E) Hours flown in last 12 months: _____	
F) Expected hours in the next 12 months: _____	
G) Average height: _____ Greatest height: _____	
H) Average distance: _____ Greatest distance: _____	
I) Average duration: _____ Greatest duration: _____	
J) Type of terrain over which you fly: _____	
K) Do you currently hold a DOT or FAA pilot's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
L) Have you ever had any accidents or mishaps? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____	
M) Describe required qualifications/licensing obtained: _____	

SECTION C – SCUBA DIVING

- A) Who were you certified by? PADI NAUI YMCA Other (name) : _____
- B) Level of certification and date of last certification: _____
 Basic Open Water Advanced Open Water
 Instructor Dive Master Assistant Instructor
 Other (specify): _____
- C) Specialty Certification and date of last certification: _____
 Rescue Diver Medic First Aid Search & Recovery
 Night Diver Deep Diver Wreck Diver
 Cave Diver Other (specify): _____
- D) Number of dives in last twelve (12) months : _____ Average depths : _____
Locations: _____
- E) Expected number of dives in the next 12 months : _____ Average depths : _____
Locations: _____
- F) Do you dive with equipment other than ordinary SCUBA gear? Yes No
If yes, please specify: _____
- G) Usual dive sites: Ocean Lake River Gravel Quarry Other (specify) : _____
- H) Purpose for diving: Recreation Photography Scientific Hunting
 Other (specify) : _____
- I) Average depths: _____ Maximum depths: _____
- J) Decompression dives: Yes No
If yes, maximum depths: _____ Maximum bottom times: _____
- K) Date of last dive: _____ Total dives to date: _____
- L) Do you dive alone? Yes No
If yes, please explain: _____

SECTION D - AVIATION

- A) What type of pilot's license do you currently hold? : Student pilot Private Pilot Commercial Pilot
 Airline transport certificate (ATR) Instructor None
 Instrument flight rating (IFR) Other (specify): _____
- B) Date license was issued: _____
- C) Describe the type of aircraft you normally pilot: Single engine Multi-engine Helicopter Glider
 Ultra-light motorized Home built (Amateur built) Other (specify): _____
- D) Are you the owner? Yes No
If no, explain: _____
- E) Purposes of your flights: Pleasure Instructor Taxi Crop dusting
 Business (specify): _____ Other (specify): _____
- F) Do you fly from a private airstrip? Yes No
- G) Describe type of terrain and area you usually fly over: _____
- H) Have you ever had an aviation accident, been grounded, fined, or warned for violation of air regulations? Yes No
If yes, please provide details and dates: _____

I)

Type of flights	Number of flight hours		
	Hours accumulated	Hours during the past 12 months	Expected hours in the next 12 months
(a) Unpaid Flight As a pilot, co-pilot or an unpaid student			
(b) Paid Flight <input type="checkbox"/> Scheduled <input type="checkbox"/> Non-Scheduled As a member of a crew or a paid employee for duties performed during the flight			
(c) <input type="checkbox"/> Military <input type="checkbox"/> Other (specify) : _____ As a member of the crew or in any other capacity Additional information: _____			

- J) Do you have any operational limitations on your FAA/DOT/ medical certificate? Yes No
If yes, explain: _____
- K) Do you intend or foresee any changes in your aviation activities? Yes No
If yes, explain: _____

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

Signature of the person to be insured (parent or legal guardian if a minor) Date