

**HAZARDOUS SPORTS AND ACTIVITIES QUESTIONNAIRE**

Policy Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**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.**

**SECTION A**

Purpose:  Pleasure  Competition

<b>Type of machine</b>			
<u>Power boat</u> <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 boad	<u>Snowmobile</u> <input type="checkbox"/> single seater <input type="checkbox"/> two seater <input type="checkbox"/> fast acceleration <input type="checkbox"/> back country (complete H below)	<u>Motorcycle</u> <input type="checkbox"/> touring <input type="checkbox"/> cruising <input type="checkbox"/> sports	<u>Automobile</u> <input type="checkbox"/> all terrain <input type="checkbox"/> dragsters <input type="checkbox"/> dune / sand buggies <input type="checkbox"/> go-carts <input type="checkbox"/> sports <input type="checkbox"/> other: _____
<b>Type of race/ competition</b>			
<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"/> auto crash <input type="checkbox"/> closed circuit <input type="checkbox"/> rallies <input type="checkbox"/> demolition derby <input type="checkbox"/> enduro <input type="checkbox"/> speed trials <input type="checkbox"/> off-road <input type="checkbox"/> drag

- A) Are the races:  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? \_\_\_\_\_
- G) Location of races: \_\_\_\_\_
- H) Back country snowmobiling: dates \_\_\_\_\_ ; location \_\_\_\_\_ ;  
frequency \_\_\_\_\_ ; future plans \_\_\_\_\_
- I) Additional comments: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of the person to be insured (parent of legal guardian if a minor)

SECTION B

Type of sport
<p><b>1) Extreme Snow Skiing</b></p> <p>A) Type: <input type="checkbox"/> back country skiing   <input type="checkbox"/> freestyle or acrobatics   <input type="checkbox"/> ski mountaineering   <input type="checkbox"/> randonnee skiing   <input type="checkbox"/> heliskiing  <input type="checkbox"/> ski jumping   <input type="checkbox"/> other (please specify) _____</p> <p>B) Frequency: _____</p> <p>C) Dates and locations: _____</p> <p>D) What are your plans for future extreme snow skiing activities? _____</p>
<p><b>2) Mountaineering and/or climbing</b></p> <p>A) Type: <input type="checkbox"/> trail   <input type="checkbox"/> rock   <input type="checkbox"/> snow   <input type="checkbox"/> ice   <input type="checkbox"/> glacier</p> <p>B) Frequency: _____</p> <p>C) Dates and locations: _____</p> <p>D) Do you ever mountaineer / climb alone? _____</p> <p>E) Geographical location: _____</p> <p>F) Degree of difficulty: <input type="checkbox"/> easy   <input type="checkbox"/> average   <input type="checkbox"/> difficult</p> <p>G) Highest climb : _____</p> <p>H) What are your plans for future mountaineering and/or climbing activities? _____</p>
<p><b>3) Parachuting/Sky Diving</b></p> <p>A) Class of license held: _____</p> <p>B) How many jumps have you logged? _____</p> <p>C) Number of jumps in the last 12 months: _____</p> <p>D) Expected number of jumps in the next 12 months: _____</p> <p>E) Have you ever had a parachuting accident? _____</p> <p>F) Do you jump professionally or use experimental equipment? _____</p>
<p><b>4) Ballooning/Hang Gliding/Ultralight</b></p> <p>A) Type of craft:   <input type="checkbox"/> hot air balloon   <input type="checkbox"/> hang glider   <input type="checkbox"/> ultralight</p> <p>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</p> <p>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</p> <p>D) Total hours flown: _____</p> <p>E) Hours flown in last 12 months: _____</p> <p>F) Expected hours in the next 12 months: _____</p> <p>G) Average height: _____   Greatest height: _____</p> <p>H) Average distance: _____   Greatest distance: _____</p> <p>I) Average duration: _____   Greatest duration: _____</p> <p>J) Type of terrain over which you fly: _____</p> <p>K) Do you currently hold a DOT or FAA pilot's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>L) Have you ever had any accidents or mishaps? <input type="checkbox"/> Yes <input type="checkbox"/> No  (if yes, describe) _____</p> <p>M) Describe required qualifications/licensing obtained: _____</p>

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of the person to be insured (parent of legal guardian if a minor)