beneva

Questionnaire
Mountaineering or climbing

First and last names of insured _____

Y Y Y Y M M D D
Date of birth

_____
Policy / application number

1. Which of these disciplines do you practice and how often?

Discipline	Frequency
☐ Mountaineering	
☐ Indoor climbing	
☐ Outdoor climbing	
☐ Ice or glacier climbing	
☐ Hiking	
☐ Trekking	
☐ Other, specify:	

2. Date and place of the last ascent:

Discipline	Date	Location
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	

3. a) Accreditations, levels and qualifications obtained: _____

b) Years of experience: _____

4. Are you a member of a club or an association related to these activities? ☐ Yes ☐ No

If yes, specify: _____

5. Do you do solo or night climb? ☐ Yes ☐ No

Specify which one, date, and altitude: _____

6. Specify the geographical locations, altitude and degree of difficulty of your climbs:

In the last 12 months:

Discipline	Location	Altitude	Degree of difficulty

Over the next 12 months:

Discipline	Location	Altitude	Degree of difficulty

7. List of equipment used: _____

8. Do you foresee a change in the conditions or type of practice of this sport? ☐ Yes ☐ No

If yes, specify: _____

9. Additional information _____

10. Declaration

I acknowledge having fully understood all of the questions above and that the answers given are true and complete. In addition, I consent to having them as an integral part of the requested insurance policy.

X _____ Y Y Y Y M M D D

Signature of insured (signature of the father, mother or legal guardian if the insured is a minor) Date

Protection of personal information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the *Personal Information Protection Statement* located at Beneva.ca.