



BACKCOUNTRY SNOW SPORTS QUESTIONNAIRE

Proposed Insured:	Date of Birth:	Application/Policy #:
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1. a) What type(s) of snow sports do you participate in? Select all that apply.

<input type="checkbox"/> Skiing: cross-country, downhill or touring	<input type="checkbox"/> Heliskiing	<input type="checkbox"/> Cat skiing
<input type="checkbox"/> Snowmobiling (if racing, please also complete Motor racing questionnaire)	<input type="checkbox"/> Snowshoeing	
<input type="checkbox"/> Snowboarding	<input type="checkbox"/> Other (specify) _____	

b) For each type of snow sport you selected above tell us the following information:

Type of snow sport		Level of expertise <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert <input type="checkbox"/> Extreme	
Where you participate	Location (Name of the mountain, province and nearest town. If outside of Canada tell us the country)	Number of days in the past 12 months	Number of days planned in the next 12 months
<input type="checkbox"/> Established/marked or groomed trails			
<input type="checkbox"/> Backcountry			
<input type="checkbox"/> Posted out of bounds/closed			
<input type="checkbox"/> Other (specify)			

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2. Do you carry safety gear/equipment when you participate in these activities? (Example radio, GPS-global positioning system, avalanche receiver, flares, probes, shovels, etc.) Yes No If Yes, tell us what equipment.

3. Do you ever participate in any of these activities alone? Yes No If Yes, tell us which activities.

4. Do you participate in the activities through a professional guide/tour operator? Yes No
If Yes, tell us the name of the ski resort and/or tour operator.

5. Do you plan to change your pattern of participation in any or these activities? Yes No
If yes, tell us how your pattern will change (Example: more/less per year; more/less challenging terrain)

6. Do you plan to participate in a different snow sport than you currently do? Yes No If Yes, tell us what types(s).

I declare that the above answers and statements are full, complete and true and shall form part of my application for insurance with The Equitable Life Insurance Company of Canada.

Date

Witness

Proposed Insured

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