HUMANIA ASSURANCE MD®

Sport Questionnaire

Identification

Policy number:

Last name of the person to be insured:

First name of the person to be insured:

Date of birth: year / month / day

Sport section

1. Indicate the sport practiced:

2. Location/places where practiced:

3. Do you ever travel outside Canada or the United states to practice this sport? ☐ Yes ☐ No

   If yes, please provide details:

4. Frequency:

   a) In the last 24 months:

   b) In the last 12 months:

5. Are you a member of a club? ☐ Yes ☐ No

   If yes, please provide details:

6. Do you practice these sports as a: ☐ professional ☐ amateur ☐ professional and amateur

7. Do you receive compensation in relation to practicing this sport? ☐ Yes ☐ No

8. Have you ever had an accidents or sufferred any injuries while practicing ths sport? ☐ Yes ☐ No

   If yes, please provide details:

9. Have you or do you have any intention to practice this sport to establish a record? ☐ Yes ☐ No

   If yes, please provide details:

10. Please provide any additional information you consider relevant in relation to practicing this sport to determine the risk involved:

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Sport section (...continued)

I, the undersigned, declare that the information provided above is complete and accurate and shall form the basis of the contract with Humania Assurance..

Signature of the person to be insured: _____

Signature of witness: _____

Signed at: _____ on: _____ / _____ / _____
year / month / day

Humania Assurance Inc., 1555 Girouard Street West, Saint-Hyacinthe (Quebec) J2S 2Z6