QUESTIONNAIRE – MOUNTAINEERING

SSQ, Life Insurance Company Inc.
1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9

GENERAL INFORMATION	
FIRST NAME	LAST NAME
POLICY NUMBER	DATE OF BIRTH

1. Type of climbing: ☐ Trail ☐ Rock ☐ Ice ☐ Snow ☐ Others: _____

2. Frequency of each: _____

3. Date of last climb: _____
   Where: _____
   How long have you been climbing? _____

4. What courses have you taken and year(s): _____

5. Do you climb: ☐ Alone ☐ With a team
   How many others would you normally climb with and what be their experience: _____

6. Name geographical location(s) where you climb: _____
   Degree of difficulty: ☐ Easy ☐ Moderate ☐ Severe

7. Time of year you climb: _____

8. List the equipment you normally carry: _____

9. How many hours/days would your average climb be, average heights, and average degree of difficulty: _____
   _____

10. Your highest climb and date: _____
    _____

11. What are your future goals regarding climbing: _____

12. If you climb outside your home area, do you climb with local guides? ☐ Yes ☐ No

13. Additionnal comments: _____
    _____

I declare that the above answers are true and complete and shall form part of my application.	
SIGNATURE OF THE WITNESS	SIGNATURE OF THE INSURED
NAME OF THE WITNESS	DATE