

To be used when there is no specific questionnaire such as combat sport, bungee, etc.

First and last names of insured: _____

Date of birth

Policy/application number

1. What hazardous sport do you practice?

Boxing Wrestling Traditional martial art Mixed martial arts Vale Tudo Bungee Other

If other, specify: _____

2. How long have you been practicing this sport?

3. How many times have you practiced this sport or plan to practice it?

In the last 12 months: _____ In the next 12 months: _____

4. Are you a member of a club Yes No

If so, since when?

5. Do you practice this sport as an amateur or a professional?

Amateur Professional

6. Have you participated in competitions or are you planning to do so? Yes No

If yes, specify dates and details: _____

7. Have you ever made record attempts or are you planning to do so? Yes No

If yes, specify what type and dates: _____

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

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

Date of signature

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.