

Q1A QUESTIONNAIRES

Last name	First name	Date of birth	File number
		Y M D	
Agent name	Agent code	S.U.	Agency name
			Agency code

1 ALCOHOL

Give details for all affirmative answers (date, reason, name and address of physician, medical facility or hospital, etc.)

Do you or have you ever consumed alcohol? Yes No

If yes, answer the following questions:

- a) Have you ever been treated for alcohol abuse or been advised to receive treatment or to reduce your consumption? Yes No
- b) Did your alcohol consumption ever play a role in the loss of a job or marital problems? Yes No
- c) Are you or have you ever been a member of a support group (AA, AN, etc.)? Yes No
If yes, name: _____ For how long? _____
- d) Have you terminated your membership? Yes No
If yes, state why: _____
- e) Have you ever been arrested for driving under the influence of alcohol or drugs? Yes No

Consumption (1 unit = 1 glass of wine = 1 bottle of beer = 1 ounce of alcohol)

	Present				Past			
	Number per day	week	month	year	day	week	month	year
Wine	_____	_____	_____	_____	_____	_____	_____	_____
Beer	_____	_____	_____	_____	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____	_____	_____	_____	_____

If reduction, specify date: _____

2 NARCOTICS, ILLEGAL DRUGS, PERFORMANCE ENHANCING DRUGS, HERBS

Give details for all affirmative answers (date, reason, name and address of physician, medical facility or hospital, etc.)

Do you or have you ever taken narcotics, illegal drugs, performance enhancing drugs or herbs? Yes No

If yes, answer the following questions:

- a) Have you ever been treated for drug use or been advised to receive treatment or to reduce your consumption? Yes No
- b) Did your drug use ever play a role in the loss of a job or marital problems? Yes No
- c) Are you or have you ever been a member of a support group (AA, AN, etc.)? Yes No
If yes, name: _____ For how long? _____
- d) Have you terminated your membership? Yes No
If yes, state why: _____
- e) Have you ever been arrested for driving under the influence of alcohol or drugs or convicted of any drug-related charges? Yes No
- f) When did you start using drugs (date)? _____
- g) Give the reasons why you started using drugs: _____
- h) If you are no longer using drugs, why did you stop? _____
- i) Do you intend to use drugs in the future? Yes No

j) CONSUMPTION DETAILS: For each drug listed below, please indicate if you currently use them or if you have ever used them in the past. If applicable, specify the quantities, frequency and consumption date for each one.

		DOSAGE OR AMOUNT USED	HOW OFTEN USED	DATES USED	
				FROM:	TO:
1) OPIATES: Opium (<i>op</i>), Heroin (<i>junk, horse, H, smack</i>), Morphine, Codeine, Demerol, Methadone	<input type="radio"/> Yes <input type="radio"/> No				
2) BARBITURATES (<i>goof balls, downers, barbs, jackets, candy, blues, pinks, reds, yellows, etc.</i>): Amytal, Phenobarbital, Seconal, Nembutal, Pentobarbital	<input type="radio"/> Yes <input type="radio"/> No				
3) AMPHETAMINES (<i>speed, uppers, pep pills, wake-ups, ice, bennies, MDMA, Ecstasy, etc.</i>): Benzedrine, Dexedrine, Methedrine, Crystal Meth	<input type="radio"/> Yes <input type="radio"/> No				
4) COCAINE (<i>crack, cane, coke, snow, whiff, etc.</i>)	<input type="radio"/> Yes <input type="radio"/> No				
5) HALLUCINOGENS (<i>acid, angel dust (PCP), haze, microdots, LSD, etc.</i>): Mescaline, DMT, peyote, psilocybin	<input type="radio"/> Yes <input type="radio"/> No				
6) CANNABIS (<i>marijuana, pot, grass, weed, joint, hashish, hemp, etc.</i>)	<input type="radio"/> Yes <input type="radio"/> No				
7) HERBS: Catnip, cinnamon, damiana, hydrangea, poppy, kavakava, lobelia, passion flower, etc.	<input type="radio"/> Yes <input type="radio"/> No				
8) PERFORMANCE ENHANCING DRUGS: Anabolic steroids, DHEA, Erythropoietin (EPO), GABA, Human Growth Hormone (HGH), nandrolone, stanazol, testosterone, etc.	<input type="radio"/> Yes <input type="radio"/> No				
9) OTHER SUBSTANCES (sedatives, solvents, etc.)	<input type="radio"/> Yes <input type="radio"/> No				

3 FOREIGN RESIDENCE OR TRAVEL

- A) Have you ever lived outside Canada or the United States? Yes No
 If yes, specify the place, period, dates and reason: _____
- B) During the next 2 years, do you intend to travel or live outside Canada or the United States? Yes No
 If yes, answer the following questions:
 a) What is your citizenship? _____
 b) Which country(ies) and city(ies) do you plan to visit? _____
 c) How long will you be staying in each country and each city? _____
 d) What are the reasons for your foreign travel or residence? Vacation Studies Work Other (specify): _____
 e) If your travels abroad are for work or business, please specify:
 The type of job: _____
 The name of the employer or organization in charge: _____
 The signature date of your work contract: _____
 The duration of your work contract: _____
- C) Are you likely to travel or live abroad in the future? Yes No
 If yes, specify the place, period, dates and reason: _____

4 DRIVING RECORD

- a) **Within the past five (5) years, have you been convicted of three (3) or more infractions to the highway code or had your driver's licence suspended?** Yes No

DRIVER'S LICENCE NUMBER

If yes, provide your driver's licence number, complete the table below and answer the following questions.

INFRACTIONS	NUMBER OF CONVICTIONS	DATES OF CONVICTIONS	NUMBER OF DEMERIT POINTS
Illegal parking, unbuckled seat belt			
Speeding (specify by how much)			
Failure to obey traffic lights, failure to stop, illegal passing, following too closely			
Accident (not at fault)			
Accident (at fault)			
Unpaid fines			
Other infractions (specify)			

LICENCE SUSPENDED	REASON FOR SUSPENSION	DATE OF SUSPENSION	DURATION OF SUSPENSION	LICENCE REINSTATEMENT DATE	DRIVING WHILE SUSPENDED / HOW OFTEN
<input type="radio"/> Yes <input type="radio"/> No					<input type="radio"/> Yes <input type="radio"/> No: _____
					<input type="radio"/> Yes <input type="radio"/> No: _____

- b) **Within the past five (5) years, have you been arrested for any of the following infractions?** Yes No

INFRACTIONS	ARRESTED			FOUND GUILTY			LICENCE SUSPENDED		DRIVING WHILE SUSPENDED				
	Yes	No	Date	Yes	No	Date	Yes	No	Duration	Date of reinstatement	Yes	No	How often
Driving under the influence (alcohol or drugs)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	
Hit-and-run *	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	
Reckless driving *	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	
Criminal negligence *	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	

* Circumstances: _____

Additional remarks: _____

SIGNATURE

I hereby declare that the above answers and statements form an integral part of my application to Industrial Alliance Insurance and Financial Services Inc., that they are complete and true, and that no circumstances have been concealed which might affect the risk of insurance for which I have applied.

Signed at _____ on _____ Signature of the proposed insured (if aged 16 years or over)

Last name	First name	Date of birth	File number			
		<table style="margin:auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> </tr> </table>	Y	M	D	
Y	M	D				

5 AVIATION

Have you ever made or intend to make aerial flights other than as a passenger?

Yes No

If yes, complete the table below and answer the following questions:

a) Statement of hours flown and expected number of flight hours:

	Solo	IFR or ATR	NUMBER OF FLIGHT HOURS			
			Hours accumulated	During the past 12 to 24 months	During the past 12 months	In the next 12 months
UNPAID FLIGHTS As a pilot, co-pilot or unpaid student						
PAID FLIGHTS As a member of the crew or an employee paid for duties performed during the flight. Give details:						
Are the flights: <input type="radio"/> Scheduled? <input type="radio"/> Unscheduled?						
MILITARY OR OTHER FLIGHTS As a member of the crew or in any other capacity. Give details:						

- b) Licence Date of issue c) Type of flights d) Date of last flight
- Student _____ Pleasure _____
- Private pilot Instructor
- Commercial pilot Taxi (passenger)
- Airline pilot (ATR) Taxi (goods)
- Instructor Crop-dusting
- Flight instruments (IFR) 1 (aircraft designed specially for this)
- None Night flight
- Other (specify): _____ Business (specify): _____
- e) Type of aircraft
- | | | |
|---|--|--|
| <input type="radio"/> Single engine:
Number of passengers _____
Pounds of payload _____ | <input type="radio"/> Ultralight motorized
<input type="radio"/> Motorized hang-glider
<input type="radio"/> Homebuilt (amateur-built)
<input type="radio"/> Helicopter
<input type="radio"/> Glider | <input type="radio"/> Balloon (hot air):
<input type="radio"/> Freeflight
<input type="radio"/> Tethered
<input type="radio"/> Record attempts
<input type="radio"/> Other (specify) _____ |
| <input type="radio"/> Multi-engine:
Number of passengers _____
Pounds of payload _____ | | |
- f) Who owns the aircraft? _____
- g) Who performs the maintenance? _____
- h) Over what areas are most flights made? _____
- i) Have you ever had an accident or sustained any injuries during a flight? If yes, specify: Yes No
- _____
- j) Do you intend to continue flying? Yes No
- k) Do you expect future flights to differ from those made in the past? If yes, specify: Yes No
- _____
- l) In the event you do not qualify for full coverage at standard rates, do you wish:
- to be covered for the aviation risk for an extra premium?
- not to be covered for the aviation risk?

SIGNATURE

I hereby declare that the above answers and statements form an integral part of my application to Industrial Alliance Insurance and Financial Services Inc., that they are complete and true, and that no circumstances have been concealed which might affect the risk of insurance for which I have applied.

Signed at _____ on _____ Signature of the proposed insured (if aged 16 years or over)

6 HAZARDOUS SPORTS

In the last two (2) years, have you taken part in any hazardous sports, such as:

- Skin or scuba diving
- Parachuting and/or skydiving
- Climbing and mountaineering (mountain climbing)
- Automotive sports
- Flying using hang-gliders, parafoils, paragliding, etc.
- Other (specify) _____

If yes, answer the compulsory section below and complete the corresponding section.

Compulsory section:

- Do you have certification? Give details: _____ Yes No
- How long have you been practising this sport? _____
- How often (month/year)? _____
- When did you last practice this sport? _____
- Are you a member of a club? Specify: _____ Yes No
- Do you practice this sport as: an amateur or a professional
 If professional: Full-time Part-time (specify) _____
- Have you ever had an accident or sustained any injuries while practising this sport? Yes No
- Do you intend to continue practising this sport in the future? Yes No
- Do you expect any changes to your participation in this sport? Specify: _____ Yes No
- In the event you do not qualify for full coverage at standard rates, do you wish:
 to be covered for the sport you practice for an extra premium?
 not to be covered for the hazardous sport you practice?

SKIN OR SCUBA DIVING (Do not forget to complete the compulsory section above)

- a) Give a brief description of the equipment you use: _____
- b) Give a brief description of your diving habits (security measures, etc.) _____
- c) Where do you dive? (rivers, lakes, shallow seas, deep-seas, high seas, other (specify)) _____
- d) Type of diving: Open water Cave Ice diving External exploration of wrecks Internal exploration of wrecks
 Treasure diving Salvage diving Other (specify): _____
- e) Do you dive alone? Specify: _____ Yes No
- f) Have you ever suffered any ill effects due to diving. Specify: _____ Yes No
- g) Details of dives:

PERIOD	DEPTH								Specify depth:	
	60 ft. or less		61 ft. to 75 ft.		61 ft. to 75 ft.		61 ft. to 75 ft.		_____ ft.	
	Number of dives	Number of hours	Number of dives	Number of hours	Number of dives	Number of hours	Number of dives	Number of hours	Number of dives	Number of hours
24 to 36 months ago										
12 to 24 months ago										
Last 12 months										
Next 12 months										

PARACHUTING AND/OR SKYDIVING (do not forget to complete the compulsory section above)

- a) Indicate the type(s) of parachuting you practice.
 - Sport parachuting
 - Base jumping
 - Para-kiting
 - Para-sailing
 - Parachuting with respiratory equipment
 - Competition / acrobatics
 - Parachuting with experimental equipment
 - Para-skiing
 - Record attempts (specify) _____
 - Other (specify): _____
- b) How many jumps have you made? In the last 12 to 24 months? _____ In the last 12 months? _____
- c) How many jumps do you intend to make in the next 12 months? _____

CLIMBING AND MOUNTAINEERING (do not forget to complete the compulsory section on the previous page)

- a) Specify the type of climbing and mountaineering you practice and where.
 - Rock climbing
 - Trail climbing
 - Glacier climbing
 - Ice climbing
 - Indoor climbing (ACW)
 - Other (specify) _____
 - Alaska
 - In North America (excluding Alaska)
 - Andes
 - Elsewhere (specify): _____
- b) Do you climb alone? Specify: _____ Yes No
- c) Do you use a rope? Specify: _____ Yes No
- d) Height of climbs: _____ e) Level of difficulty: _____ f) Time of year you climb: _____

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		Y	M	D	

AUTOMOTIVE SPORTS (do not forget to complete the compulsory section on the previous page)

a) Indicate the type of races, how often you participate and the type of track.

	12 TO 24 MONTHS AGO	LAST 12 MONTHS	NEXT 12 MONTHS	TRACK	
				Oval-shaped	Other (specify)
Type of automobile races					
Championship					
Stock-car					
Sprinting (drag)					
Demolition					
Sports car					
Midget					
Other (specify)					
Type of motorcycle races					
Hill-climbing					
Sprinting (drag)					
Cross-country					
Moto-cross					
Other (specify)					

- b) Maximum speed: _____ mph or _____ kph
- c) Average speed: _____ mph or _____ kph
- d) Surface: Paved Unpaved Dirt road Other (specify) _____
- e) Modified vehicle: Yes For safety For performance No
 Make: _____ Model: _____ Cylinders: _____ HP: _____
- f) Fuel used: "Top Fuel" "Top alcohol" Other (specify): _____
- g) Do you participate in races outside Canada? Yes No
- h) Specify the names of tracks on which you race: _____
- i) Reason for participating in races (pleasure, cash, prizes, etc.) _____

HANG-GLIDERS, PARAFOILS, PARAGLIDING (do not forget to complete the compulsory section on the previous page)

- a) Maximum altitude less than 50 feet? Yes No
- b) Do you use any equipment that is not manufactured, that is of an experimental nature or that represents any other particular risks? Yes No
 Specify: _____
- c) Are you making record attempts? Yes No
 Specify: _____

OTHER SPORTS

- a) Specify the sport practised: _____
- b) If applicable, describe your certification, the equipment used when you practice this sport, the environment you practice in and the frequency: _____

SIGNATURE

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Signed at _____ on _____ Signature of the proposed insured (if aged 16 years or over)