UV INSURANCE

INDIVIDUAL INSURANCE

# Parachuting and Freefall Questionnaire

**EQC053**

**Important:** Fill out in block letters and answer each section as accurately as possible.

## Section A – Collection, Use, and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to make a decision about your insurance application.

The personal information is used to:

- Identify the individual;
- Establish and update information and the needs of the individual, as appropriate;
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud.

The information disclosed on this form will be forwarded to the UV Insurance staff in charge of processing the claim, as well as to any other person authorized by law.

## Section B – Insured's Information

1. Application or contract number _____
2. Insured's first name _____ Last name _____
3. Date of birth Y M D

## Section C – Questionnaire

1. Do you have a licence? ☐ Yes ☐ No If **Yes**, which type: _____
2. Where did you get your licence? _____ Date Y M D
3. How many jumps have you done? _____
4. What skydiving club do you belong to? _____
5. What kind of jumps have you done?

| Tandem | Professional | As an instructor | Attempt at a record | Using experimental equipment |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

6. Have you ever had an accident while skydiving? ☐ Yes ☐ No If **Yes**, please provide details:

   _____
7. How many times have you jumped in the last 12 months? _____
8. How many jumps do you plan to do over the next 12 months? _____
9. What altitude do you jump from? _____
10. Where do you jump? _____

If your application is not accepted on a standard basis, would you want: ☐ A rating ☐ An exclusion

## Section B – Signatures

By signing, you understand that if any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more information, please visit our website to view our **Privacy Policy**.

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

I, the undersigned and person to insure, declare that the above information is complete and accurate and that it will form part of my insurance application with UV Insurance.

Signed at _____ Y M D

**X** _____
Signature of the person to be insured

**X** _____
Signature of owner (required if insured is a minor)

Send the form to the following email address: ind.client@uvinsurance.ca
P.O. Box 696, Drummondville (Quebec) J2B 6W9 ■ Phone: 819 478-1315 ■ Toll-free: 1 800 567-0988 ■ Fax: 819 474-1990
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