

# MOUNTAINEERING QUESTIONNAIRE

<b>Name</b>	<b>Date of Birth (dd/mmm/yy)</b>	<b>Application #</b>
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**1. Type of climbing**  
 Trail    Ice    Rock    Glacier    Snow    Other (explain)

Frequency of each:

Geographical area where you climb:

Type of climbing / classification?  
 Easy    Moderate    Hard / UIAA or YDS:

During what time of year do you climb?      Date of last climb (dd/mmm/yy):

What courses have you taken and when?

**2. Do you ever climb alone?**  Yes  No  
 If no, how many others would you normally climb with and what is their experience level?

List the equipment you normally carry:

How many hours/days is your average climb?      Average height:

Highest climb to location:      Date (dd/mmm/yy):

If you climb outside your home area, do you climb with local guides?  Yes  No    If no, please explain.

Do you intend to change the nature of your mountaineering activities in the next 24 months?  Yes  No    If yes, please give details below.

**3. Additional comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Check type of policy desired:**  
 Full coverage subject to extra premium if required     Exclusion, no extra premium required

I hereby declare that the above answers are complete and true, and agree that they shall form part of my application for the policy requested.

Signature of Applicant <b>X</b>	Signature of Witness <b>X</b>	Date (dd/mmm/yy)
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