



Name of Proposed Insured: [ ] Application/Policy No: [ ]

- 1. Please indicate what types of mountaineering activities you participate in or will be participating in:
[ ] Trail climbing or hiking [ ] Rock climbing [ ] Ice or glacier climbing [ ] Other (specify below)
[ ] Cave exploration or spelunking (if participating in this activity, also complete a Cave Exploring/Spelunking Questionnaire)

If "Other", please specify: [ ]

2. Provide locations of your mountaineering activities (include names of mountains, if applicable)?

Table with 3 columns: Mountaineering Activity, Mountain, Location

- 3. a) How long have you been climbing? [ ]
b) Do you climb alone or with a group? [ ]
c) How often do you climb? [ ]
d) Date of your last climb: [ ]
e) What is the usual duration of your climbs? [ ]
f) Have you climbed in the capacity of a leader? [ ] Yes [ ] No

4. What type of courses have you taken and when?

Table with 2 columns: Dates, Courses

- 5. a) How many ascents have you attempted? [ ] b) How many have you completed? [ ]

- 6. What heights have you climbed to:
a) Above sea level? [ ] meters [ ] feet
b) Above ground level? [ ] meters [ ] feet

- 7. What grade or class of climbs have you attempted? Grade? [ ] Class? [ ]

8. During which seasons do you climb? [ ]

- 9. a) Are you a member of a rescue team? [ ] Yes [ ] No
If yes, please provide details: [ ]

- b) Are you a member of an assault team? [ ] Yes [ ] No
If yes, please provide details: [ ]

- 10. Do you intend to climb in the future? [ ] Yes [ ] No
If yes, provide details of any planned attempts: [ ]

- 11. Do you anticipate any changes in your mountaineering activities in the future? [ ] Yes [ ] No
If yes, please explain: [ ]

I declare that the answers I have given on this questionnaire are true and complete and shall form part of my application.

[ ] [ ]

Signature of Proposed Insured

Date (day/month/year)