



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)?

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?

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)