RBC Insurance

Mountaineering Questionnaire

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)? _____
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? _____
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**, provide details: _____
   b) Are you a member of an assault team? ☐ Yes ☐ No **If yes**, 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)

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