

Mountaineering and Rock Climbing Questionnaire

Last Name: _____ First Name: _____
Please Print

Date of Birth: _____ Policy/Application Number: _____

1. What type/s of activities do you participate in, e.g. bouldering, hiking, ice climbing, indoor climbing, mountaineering, trekking etc.?

2. How long have you been active in this sport?

3. How often do you participate?

4. Where do you do this?

5. Please indicate the equipment that you use:

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|--|--|--|
| <input type="checkbox"/> Altimeter | <input type="checkbox"/> GPS Device | <input type="checkbox"/> Mountaineering Boots |
| <input type="checkbox"/> Belay Anchors | <input type="checkbox"/> Headlights or Flashlights | <input type="checkbox"/> Oxygen Tanks |
| <input type="checkbox"/> Cams, Camalots, Spring Loaded Cam Devices | <input type="checkbox"/> Heavy Winter Clothing | <input type="checkbox"/> Perlon Ropes & Carabiners |
| <input type="checkbox"/> Cellular/Mobile Telephone | <input type="checkbox"/> Helmet | <input type="checkbox"/> Pitons or Toucans (beaks) |
| <input type="checkbox"/> Chocks & Nuts, Hexes | <input type="checkbox"/> Ice Axe/Adze | <input type="checkbox"/> Portaledge |
| <input type="checkbox"/> Climbing Harness | <input type="checkbox"/> Ice Screws | <input type="checkbox"/> Two Way Radio |
| <input type="checkbox"/> Crampons | <input type="checkbox"/> Map & Compass | <input type="checkbox"/> Snow Picket |
| <input type="checkbox"/> Etriers or Web Ladders | <input type="checkbox"/> Mechanical Ascenders (jumars) | <input type="checkbox"/> Stoppers |

6. What heights/grades do you climb:

Average Height and Grade	Maximum Height and Grade to Date	Maximum Height and Grade Planned (next 2 years)

7. Do you ever climb alone or at night? Yes No
 If yes, please provide details:

8. Other than already stated above, have you ever, or do you have any plans to ever climb in another country? Yes No
 If yes, please provide details:

Country and location	Dates

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9. Please provide details of any formal qualifications or certifications attained:

Qualification	When attained

10. Are you a member of a related club or association? Yes No
If yes, please provide details:

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11. Have you ever had an accident or injury arising from these activities that required medical attention? Yes No
If yes, please provide details including dates:

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12. Please provide any additional information that you feel is important:

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Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

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Name

x

Signature

/ /

Date