



NAME		
FIRST NAME		
DATE OF BIRTH		APPLICATION OR POLICY NUMBER
D	M	Y

MOUNTAIN CLIMBING QUESTIONNAIRE

1. Please indicate what types of climbing:

Trail Glacier Ice
 Rock Snow Others: _____

2. Frequency: _____

3. Date and location of last climb: _____

4. Years of Experience: _____

5. What courses have you taken and date(s): _____

6. Do you climb? Alone With a group
 What would be the years of experience of the group members you usually climb with: _____

7. Name the geographical location(s) where you climb: _____
 Level of Difficulty: Beginner Intermediate Expert

8. During which season do you climb: _____

9. List the equipment used: _____

10. Please provide the duration (hours, days), height, and average degree of difficulty of an average climb:

11. Please provide the date and complete details of your highest climb: _____

12. Please provide complete details of any future participation in this activity: _____

13. If you climb outside your region, do you use a local guide? Yes No

14. Additional comments: _____

15. Are currently taking any medication? Yes No
 If yes, provide complete details: _____

If your application is not approved standard do you wish: a rating
 an exclusion

I declare the information above is true and complete and that it will form part of my insurance application with **UL Mutual**.

X _____ X _____
 SIGNATURE OF THE PROPOSED INSURED SIGNATURE OF THE POLICY OWNER

X _____
 WITNESS DATE