

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 \_\_\_\_\_ X \_\_\_\_\_  
 WITNESS      DATE