

Important: Fill out in block letters and answer each section as accurately as possible.

Application or contract number _____

First Name of the Insured _____ Last name _____

Date of birth

Y	Y	Y	Y	M	M	D	D
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Section A – Questionnaire

1. What mountain-climbing training have you had? _____ Date

Y	Y	Y	Y	M	M
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2. How many years of experience do you have? _____
3. Do you climb alone? Yes No
If no, specify: Number of team members _____ Experience of team members _____
4. What kind of climbing do you do?

Type of climbing	Yes	No	Frequency
Trail	<input type="checkbox"/>	<input type="checkbox"/>	
Rock	<input type="checkbox"/>	<input type="checkbox"/>	
Snow	<input type="checkbox"/>	<input type="checkbox"/>	
Ice	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

5. Where do you climb?

Location	Level of Difficulty:
_____	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert
_____	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert
_____	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert

6. What is your average climb duration (hours, days) and climb height?

Duration	Height	Level of Difficulty:
_____	_____	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert

7. Where did you last climb? _____ Date

Y	Y	Y	Y	M	M
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8. During which season(s) do you climb? Winter Spring Summer Autumn
9. What equipment do you use? _____

10. Please provide details of your highest climb: Date

Y	Y	Y	Y	M	M	D	D
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Section A – Questionnaire (cont'd)

11. Do you plan to climb again? Yes No
12. If you climb outside your region, do you use a local guide? Yes No
13. Additional comments

If your application is not accepted on a standard basis, would you want: A rating An exclusion

Section B – Signatures

I declare that all statements and answers provided above are complete and true and that the information shall form part of my insurance application with UV Insurance.

Signed in _____ | Y | Y | Y | Y | M | M | D | D |

X _____ **X** _____
Signature of person to be insured Signature of parent or guardian (required if insured is a minor)