

Hazardous activity questionnaire for rockclimbing & mountaineering

(To be completed by the applicant)

Failure to disclose relevant information could mean that we do not pay your claim and all cover may be cancelled.

Details of the life to be insured

Attaching to application number (if known)

Title

Miss Ms Mrs Mr Other

Surname

Forename(s)

Date of birth

1. For how many years have you been climbing?

2. How often do you climb?

3. a) What climbing do you do? (e.g. indoor or artificial wall, trekking, bouldering, rock, snow, ice, glacier or expedition)

b) Please specify all types and provide full details (such details as frequency, exact location, maximum height and grade)

(Please provide full details)

4. What is the maximum grade of climb that you have attempted?

5. Are you a member of a rock climbing or mountaineering club or professional organisation?

No Yes (Please provide full details)

6. Have you taken any climbing training courses?

No Yes (Please provide full details including dates)

7. Do you have any future plans to increase your climbing activities and/or climb extreme peaks or take part in expeditions?

No Yes (please provide full details including locations, peaks to be climbed and duration of expedition etc)

8. Do you ever climb alone?

No Yes (Please provide details including frequency, locations and grade of climbs)

9. Have you ever had an accident or sustained an injury as a result of your climbing activities?

No Yes (Please provide full details)

Declaration

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I agree that this questionnaire is part of the application on my life and that failure to disclose any material fact known to me may invalidate the contract.

Signature of life to be insured



Date