



Mountaineering / Rock Climbing Questionnaire

To be completed by the Applicant

Name, First name : _____
 Application no. : _____ Dated: _____

This questionnaire will form part of the application. Provide as much detail as possible. If you are not sure whether any information is relevant, please disclose it anyway.

1. What types of mountaineering / climbing activities do you pursue? Check all that apply and where requested, please provide further details.

a)

<input type="checkbox"/> Hiking / Walking / Scrambling	<input type="checkbox"/> Artificial or Indoor climbing
<input type="checkbox"/> Bouldering	<input type="checkbox"/> Via ferrata <input type="checkbox"/> Sport climbing <input type="checkbox"/> Snowshoeing
<input type="checkbox"/> Trekking	<input type="checkbox"/> Skitours/Snowboardtours Since when? _____ Average no. of days per year? _____
<input type="checkbox"/> Alpine climbing	Since when? _____ Average no. of days per year? _____
<input type="checkbox"/> Ice climbing	Since when? _____ Average no. of days per year? _____
<input type="checkbox"/> Big wall climbing	Since when? _____ Average no. of days per year? _____
<input type="checkbox"/> Traditional mountaineering	Since when? _____ Average no. of days per year? _____
<input type="checkbox"/> Buildering	Since when? _____ Average no. of days per year? _____

b)

Expeditions

Other mountaineering / climbing activities

Please specify _____

2. Do you ever climb alone or climb without a rope? (Ignore this question when only Bouldering)

Solo attempt No Yes

If yes, please name all activities with solo attempts _____

Free solo No Yes

3. What is your highest altitude achieved?

<input type="checkbox"/> < 5,300 metres	<input type="checkbox"/> < 7,000 metres	<input type="checkbox"/> ≥ 7,000 metres
< 17,400 feet	< 23,000 feet	≥ 23,000 feet

4. Do you ever climb in any of the following areas? Please tick all appropriate boxes.

Arctic Antarctic Greenland Alaska Elsewhere

5. Where do you climb? Please check all and specify region.

<input type="checkbox"/> Europe	<input type="checkbox"/> Africa	where?
<input type="checkbox"/> Asia		where?
<input type="checkbox"/> North America		where?
<input type="checkbox"/> South America		where?
<input type="checkbox"/> Oceania		where?
<input type="checkbox"/> Elsewhere		where?

6. Does climbing form part of your job or work activities?

No Yes

7. Do you plan any activities for the next 12 months which would change the answers provided above?

No Yes

Please specify

8. You only need to answer this question if you replied "Yes" to question 6.

What is your profession?

a) Please give us a detailed job description and a job history:

.....

b) Do you do the profession as a full-time job or a part-time activity?

Full-time Part-time

c) Are you self-employed? If yes, since when

or salaried? If yes, please provide the name of your current employer

.....

9. You only need to answer this question if you ticked a box under question 1. b) and/or pursue an activity in an altitude \geq 7,000 metres (23,000 feet).

b) Have you ever participated in any other expedition or activity in a remote area before?

No Yes

If yes:

i) Where to (specific areas):

.....

ii) How often and when?

.....

iii) Who typically organised the expedition or activity (please provide details)?

.....

iv) Where the tours typically accompanied by a support team (mountain guide, medical doctor, Sherpa)? Please specify

.....

v) What was the typical maximum altitude per tour?

.....

vi) What was the maximum distance / height difference between base camp and destination / summit?

.....

I declare that the answers I have given are, to the best of my knowledge, true and I have not withheld any material information that may influence the assessment of acceptance of this proposal. I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signed..... Date