

MOUNTAIN, ROCK, OR ICE CLIMBING QUESTIONNAIRE

Name _____ Birth Date _____

Circle type of climbing: **Mountain** **Rock** **Ice**

	Last 12 months	1 to 2 years ago	Estimated next 12 months
1. Number of climbs			

2a. Climbs outside the 48 continental states		2b. Mountain ranges in US	
Location	Date	Location	Date

(Continue on reverse side of this form)

3. Maximum elevation climbed _____

4. Type of training and years of experience _____

5. Type of equipment used _____

6. Club affiliation _____

7a. What class of climbing do you most often participate in? (American Rating System) _____

7b. What is the highest class you have ever participated in? _____
Class Date

I represent that all statements and answers to questions above are complete and true to the best of my knowledge and belief.

Signature of Proposed Insured _____ Date _____ / _____ / _____

Witness _____ Date _____ / _____ / _____