

MOUNTAIN CLIMBING QUESTIONNAIRE

All sections to be completed by the proposed Insured Person

Section 1 - Personal Information:

Full Name: _____
Last, First

Date of Birth: _____
Day/Month/Year

Section 2 - Avocation Information: Part A - YES and NO (Please circle one)

1. What type(s) of mountain climbing do you participate in: a) Trail climbing or hiking? YES NO b) Ice or Glacier climbing? YES NO c) Rock climbing? YES NO d) Other? YES NO	4. Have you ever climbed in the capacity of a leader? YES NO
2. Do you climb alone? YES NO	5. Are you now or do you intend to become a member of: a) an assault team? YES NO b) a rescue team? YES NO
3. Do you climb with a group? YES NO	6. Do you have any future climbing goals? YES NO

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2. Do you climb alone? YES NO	5. Are you now or do you intend to become a member of: a) an assault team? YES NO b) a rescue team? YES NO
3. Do you climb with a group? YES NO	6. Do you have any future climbing goals? YES NO

Part B - Short Answer:

- 7. What are the locations of your climbing activities? _____
- 8. How long have you been climbing? _____
- 9. What type of training have you had? (i.e. courses taken/dates completed) _____
- 10. In which months of the year do you climb? _____
- 11. How many ascents have you attempted/completed? _____
- 12. What heights (above sea level) have you climbed to? _____
- 13. What heights (above ground level) have you climbed to? _____
- 14. What grade of climb have you attempted? _____
- 15. What is the average length of time for each climb? _____
- 16. What type of equipment do you normally carry for each climb? _____
- 17. What is the date you last climbed? _____

If you answered **YES** to any of the questions in **Part A**, please identify the question number and provide full details.

Section 3 - Authorization:

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 the proposal. I also understand that this questionnaire together with the application, form the basis of the contract.

I agree that this form is a material part of this application and will be relied upon by Sutton Special Risk Inc. in determining my insurability.

I understand that any material misstatement in this declaration or elsewhere in this application, will render the policy, if issued, voidable.

Signature: _____

Date: _____