



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 _____ / _____ / _____