



# INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

## *Mountain Climbing Questionnaire*

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_  
Male ( ) Female ( ) Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker ( ) Non Smoker ( )  
Amount of Coverage \$ \_\_\_\_\_ Product Type \_\_\_\_\_

1. Do you, have you, or do you contemplate participating in mountain climbing?  Yes  No  
*If "Yes," please answer the following questions:*
- a. Is your climbing restricted to the North American continent?  Yes  No  
Please specify dates, locations and frequency: \_\_\_\_\_  
\_\_\_\_\_
- b. Do you participate in rock or ice climbs?  Yes  No  
Please specify dates, locations and frequency: \_\_\_\_\_  
\_\_\_\_\_
- c. Is your climbing restricted to trails?  Yes  No  
Please specify dates, locations and frequency: \_\_\_\_\_  
\_\_\_\_\_
- d. Is your climbing on an amateur or professional basis? Please explain: \_\_\_\_\_  
\_\_\_\_\_
- e. Do you use any type of technical climbing equipment?  Yes  No  
Please specify type, brand name and usage: \_\_\_\_\_  
\_\_\_\_\_
2. Are you a member of a mountain climbing organization?  Yes  No  
Please specify name and location: \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever participated at any time in mountain search and rescue activities, avalanche control, or acted as a guide?  
If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Please include any additional information which you feel is important concerning your climbing activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_