

Climbing and mountaineering questionnaire

Full name:

1. Which of the following climbing activities do you normally participate in?

Artificial climbing walls	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Caving and potholing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Climbing to UIAA level 5 / bolts only	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hill climbing, trekking, tramping, abseiling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ice climbing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mountaineering and rock climbing	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Are you a member of a registered club or reputable organisation? Yes No
Please provide full details.

3. What is the maximum height you climb or intend to climb to?

4. Do you ever climb alone or without ropes?

5. Please select the area(s) in which you participate or intend to participate in climbing or mountaineering?

Africa	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alps	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Andes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Himalayas	Yes <input type="checkbox"/>	No <input type="checkbox"/>
North America:		
Mt. McKinley	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Alaska range	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other mountain range	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please give details.

6. Caving or potholing Yes No

How long have you been participating in climbing activities?

On average, how many times do you go caving each year?

Do you ever go caving or potholing alone or with an inexperienced caver? Yes No
If yes, please provide full details.

Do you ever dive when you go caving or potholing? Yes No
If yes, please also complete a Diving questionnaire.

7. Do you intend on changing your class or type of climbing in the next 2 years?
If yes, please provide full details.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature

Date