



MOUNTAIN CLIMBING QUESTIONNAIRE

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|-----------------------|---------------|
| Application Number | |
| Proposed Life Insured | Date of Birth |

Details of climbing activities:

| Type of climbing | Frequency | Date of last climb | Location of climbs in last 5 years | Difficulty | Average height | Maximum height |
|--|---------------------|--------------------|------------------------------------|---|--|--|
| <input type="checkbox"/> Artificial climbing walls <input type="checkbox"/> Ice <input type="checkbox"/> Rock <input type="checkbox"/> Trail <input type="checkbox"/> Snow <input type="checkbox"/> Glacier | # of times per year | | | <input type="checkbox"/> easy <input type="checkbox"/> moderate <input type="checkbox"/> severe | <input type="checkbox"/> feet <input type="checkbox"/> meters | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| <input type="checkbox"/> Artificial climbing walls <input type="checkbox"/> Ice <input type="checkbox"/> Rock <input type="checkbox"/> Trail <input type="checkbox"/> Snow <input type="checkbox"/> Glacier | # of times per year | | | <input type="checkbox"/> easy <input type="checkbox"/> moderate <input type="checkbox"/> severe | <input type="checkbox"/> feet <input type="checkbox"/> meters | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| <input type="checkbox"/> Artificial climbing walls <input type="checkbox"/> Ice <input type="checkbox"/> Rock <input type="checkbox"/> Trail <input type="checkbox"/> Snow <input type="checkbox"/> Glacier | # of times per year | | | <input type="checkbox"/> easy <input type="checkbox"/> moderate <input type="checkbox"/> severe | <input type="checkbox"/> feet <input type="checkbox"/> meters | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| <input type="checkbox"/> Artificial climbing walls <input type="checkbox"/> Ice <input type="checkbox"/> Rock <input type="checkbox"/> Trail <input type="checkbox"/> Snow <input type="checkbox"/> Glacier | # of times per year | | | <input type="checkbox"/> easy <input type="checkbox"/> moderate <input type="checkbox"/> severe | <input type="checkbox"/> feet <input type="checkbox"/> meters | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| Other | # of times per year | | | <input type="checkbox"/> easy <input type="checkbox"/> moderate <input type="checkbox"/> severe | <input type="checkbox"/> feet <input type="checkbox"/> meters | <input type="checkbox"/> feet <input type="checkbox"/> meters |

Have you taken any courses?

Yes No If "Yes" provide details:

| Date | Course | Date | Course |
|------|--------|------|--------|
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Do you climb alone?

Yes No If "No" how many others do you normally climb with and what is their experience?

What type of equipment do you normally carry?

What are your future goals regarding climbing?

If you climb outside your local area, do you climb with local guides?

Yes No

Remarks:

If coverage is not available at the regular premium rate, indicate the coverage which you may be willing to accept:

Coverage subject to a rating/extra premium Coverage subject to an exclusion

I declare that the above answers and statements are true, complete and correctly recorded and shall form part of my Application for Insurance with The Equitable Life Insurance Company of Canada.

Date

Proposed Life Insured

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