

Date

Witness

MOUNTAIN CLIMBING QUESTIONNAIRE

Application Number							
Proposed Life Insured					Date of Birth dd/		
Details of climbing activities:							
Type of climbing	Frequency	Date of last climb	Location of climb in last 5 years	s Difficulty		Average height	Maximum height
 □ Artificial climbing walls □ Ice □ Rock □ Trail □ Snow □ Glacier 	# of times per year	dd/mm/yyyy			easy moderate severe	☐ feet☐ meters	☐ feet☐ meters☐
 □ Artificial climbing walls □ Ice □ Rock □ Trail □ Snow □ Glacier 	# of times per year	dd/mm/yyyy			easy moderate severe	☐ feet☐ meters	☐ feet☐ meters☐
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☐ Artificial climbing walls ☐ Ice ☐ Rock ☐ Trail ☐ Snow ☐ Glacier	# of times per year	dd/mm/yyyy			easy moderate severe	☐ feet☐ meters☐	□ feet □ meters
Other	# of times per year	dd/mm/yyyy			easy moderate severe	☐ feet☐ meters☐	☐ feet☐ meters☐
Have you taken any courses? □ YES □ NO If "YES" provide details:							
Date Course			Date	Course			
dd/mm/yyyy			dd/mm/yyyy				
dd/mm/yyyy			dd/mm/yyyy				
Do you climb alone?			NO any others do you	normally	climb with an	d what is theii	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.							

Proposed Life Insured

1329(2013/04/12)