

Mountaineering and Rock Climbing questionnaire

Application number:

Person to be Insured:

1) What type/s of activities do you participate in, e.g. bouldering, hiking, ice climbing, indoor climbing, mountaineering, trekking etc.?

2) How long have you been active in this sport?

3) How often do you participate?

4) Where do you do this?

5) Please indicate the equipment that you use:

- | | | |
|--|--|--|
| <input type="checkbox"/> Altimeter | <input type="checkbox"/> GPS Device | <input type="checkbox"/> Mountaineering Boots |
| <input type="checkbox"/> Belay Anchors | <input type="checkbox"/> Headlights or Flashlights | <input type="checkbox"/> Oxygen Tanks |
| <input type="checkbox"/> Cams, Camalots, Spring Loaded Cam Devices | <input type="checkbox"/> Heavy Winter Clothing | <input type="checkbox"/> Perlon Ropes & Carabiners |
| <input type="checkbox"/> Cellular/Mobile Telephone | <input type="checkbox"/> Helmet | <input type="checkbox"/> Pitons or Toucans (beaks) |
| <input type="checkbox"/> Chocks & Nuts, Hexes | <input type="checkbox"/> Ice Axe/Adze | <input type="checkbox"/> Portaledge |
| <input type="checkbox"/> Climbing Harness | <input type="checkbox"/> Ice Screws | <input type="checkbox"/> Two Way Radio |
| <input type="checkbox"/> Crampons | <input type="checkbox"/> Map & Compass | <input type="checkbox"/> Snow Picket |
| <input type="checkbox"/> Etriers or Web Ladders | <input type="checkbox"/> Mechanical Ascenders (jumars) | <input type="checkbox"/> Stoppers |

6) What heights/grades do you climb:

Average Height and Grade	Maximum Height and Grade to date	Maximum Height and Grade planned (next 2 years)

7) Do you ever climb alone or at night?

If 'yes' please provide full details:

Yes No

8) Other than already stated above, have you ever, or do you have any plans to ever climb in another country?

If 'yes' please provide full details:

Yes No

Country and location	Dates

9) Please provide details of any formal qualifications or certifications attained:

Qualification	When attained

10) Are you a member of a related club or association?

Yes No

If 'yes' please provide full details:

11) Have you ever had an accident or injury arising from these activities that required medical attention?

Yes No

If 'yes' please provide full details:

12) Please provide any additional information that you feel is important:

Your duty of disclosure (to be completed in all cases)

Please read carefully.

1) This questionnaire will form part of the application and together with the application, (declaration and any personal statement or telephone interview) shall be the basis of the proposed insurance contract.

2) The person insured and the policy owner must tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the application is accepted and a policy document has been issued. This is important even if you have separately discussed something with your adviser. The duty of disclosure also applies if in

future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.

3) If the information provided to us is incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may reduce claim benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or avoid the policy from inception. Premiums paid may be forfeited and any claims already paid may have to be paid back.

I declare that the answers given above 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 have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

Signature of the
Person to be Insured

Date