

# Underwriting Questionnaire

## Climbing



Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.

Term  Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Kind of climbing (select all that apply)  Mountain  Rock  Trail  Ice  Wall/Artificial

Number of climbs Last 12 months \_\_\_\_\_ 12-24 months \_\_\_\_\_ Estimated next 12 months \_\_\_\_\_

Height of climbs on average \_\_\_\_\_ Highest climb ever done \_\_\_\_\_

Climbs Last 3 Years	
Mountain Ranges	Date

Climbs Next 12 Months	
Mountain Ranges Outside 48 Continental States	Date

Climbs Next 12 Months	
Mountain Ranges Inside 48 Continental States	Date

Kind of training \_\_\_\_\_ Years of experience \_\_\_\_\_

Type of safety equipment \_\_\_\_\_  Climb alone  Climb with others

Club affiliation(s) \_\_\_\_\_

What class of climbing does the client most often participate in (American Rating System)  
 1  2  3  4  5 or  Easy  Moderate  Difficult  Severe

What is the highest class the client has ever participated in \_\_\_\_\_