



# SPECIAL RISK DIVISION

## Mountaineering Questionnaire

**Proposed Insured:** FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Full Time Occupation:** \_\_\_\_\_

**NOTE:** If the answer to any of the following details is YES, please provide full details.

1. In what areas do you climb? \_\_\_\_\_

If overseas, please give details, e.g. area, frequency of trips, length of expedition, etc. \_\_\_\_\_

2. To what standard do you climb? (e.g., easy, difficult, severe, extremely severe): \_\_\_\_\_

3. For how many years have you been climbing regularly? \_\_\_\_\_

4. How often do you climb? \_\_\_\_\_

5. What season of the year do you climb? \_\_\_\_\_

6. Do you belong to a club and if so is it affiliated to a recognized mountaineering organization, e.g. the BMC? \_\_\_\_\_

7. Have you ever sustained any accidents while climbing?  YES  NO

8. Are you always accompanied on climbs?  YES  NO

I agree that the above questions and answers shall form part of my proposal for life assurance/disability benefits.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**PETERSEN INTERNATIONAL UNDERWRITERS**  
*Lloyd's Correspondents*

23929 Valencia Boulevard Suite 215 Valencia California 91355  
Telephone (800) 345-8816 (661) 254-0006 Facsimile (661) 254-0604