



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 _____

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