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Proposed Insured: First \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

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

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?  Easy  Difficult  Severe  Extremely Severe

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

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

5. What season of the year do you climb?  Winter  Spring  Summer  Autumn

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? If "Yes" please provide details.  Yes  No \_\_\_\_\_

8. Are you always accompanied on climbs?  Yes  No

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

\_\_\_\_\_  
Proposed Insured Signature

\_\_\_\_\_  
Date