



23929 Valencia Boulevard Second Floor, Valencia, CA 91355 | (800) 345-8816 | Fax (661) 254-0604 | piu@piu.org

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