



Mountaineering Questionnaire

(to be completed by the Insured)

Policy Number: _____

Name of Insured: _____ Date of birth: _____
(DD/MM/YYYY)

TYPES OF CLIMBING	LIFETIME		LAST 12 MONTHS		NEXT 12 MONTHS	
	NUMBER OF CLIMBS	AVERAGE HEIGHT PER CLIMB	NUMBER OF CLIMBS	AVERAGE HEIGHT PER CLIMB	NUMBER OF CLIMBS	AVERAGE HEIGHT PER CLIMB
Trail						
Trekking						
Rock						
Snow						
Ice						
Glacier						

2 Date of last climb: _____ How long have you been climbing? _____
(DD/MM/YYYY)

3 What training have you had/taken? _____

4 Do you ever climb or trek alone? Yes No
If **"No"**, how many others would you normally climb or trek with, and what would be their experience? If **"Yes"**, explain:

5 Name geographical location(s) where you climb or trek, type of climbing or trekking, and classify as easy, moderate or severe:

6 What time of year do you climb? _____

7 List the equipment you normally carry: _____

8 How many hours/days would your average climb be, average heights, and average degree of difficulty?

9 Your highest climb and date? _____

10 What are your future goals regarding climbing? _____

11 Additional comments: _____

I understand that my answers to the above questions will be relied on by ivari in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to ivari.

Dated at _____ this _____ day of _____, 20 _____.

Signature of Insured

Signature of Witness