

CLIENT NAME: _____ Date: _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor Type of Coverage: Term UL Survivor UL

Coverage Amount: _____ Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide? ***If yes, use separate sheet to provide this information, including age of onset and date of death***

PROPOSED INSURED'S EXISTING INSURANCE

Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

MOUNTAIN CLIMBING

Kind of climbing: Mountain Rock Trail Ice Years of experience: _____

Number of climbs in the last 24 months: _____ Number of climbs in the next 12 months: _____

Climbs Outside the Continental U.S.	Date	Climbs Inside the Continental U.S.	Date

Which best describes your climbing activities (Select all that apply):

___ Traditional

___ Sport

___ Free climbing

___ Free soloing

___ Aid climbing

___ Bouldering; Please include rating on V scale: _____

___ Indoor

Please provide the following:

Highest altitude _____ Date: _____ Average altitude: _____

Average duration: _____

YDS class if known: _____

Grade classification if known: _____

Equipment used:

