

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:** _____ **State of Residence:** _____

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):

- ___ Indoor
- ___ Traditional
 - ___ With safety gear
 - ___ Without safety gear
- ___ Scrambling
- ___ Tramping
- ___ Trail climbing
- ___ Trekking
- ___ Ice climbing
 - ___ Secured
 - ___ Unsecured
- ___ Sport
- ___ Caving
- ___ Expeditions/remote areas
 - Any planned in the next 2 years (when, where, difficulty): _____
- ___ Free climbing
- ___ Free soloing
- ___ Aid climbing
- ___ Bouldering; Please include rating on V scale: _____
- ___ Search and rescue
- ___ Other: _____

Do you consider yourself a(n):

- ___ Amateur/hobby mountaineer
- ___ Competitive amateur
- ___ Professional
- ___ Instructor
- ___ Semi-professional guide
- ___ Professional guide
- ___ Rescue climber

Are you a member of a club?

- ___ Yes
- ___ No

Please provide the following:

Highest altitude _____ Date: _____ Average altitude: _____

Average duration: _____

YDS class if known: _____

Grade classification if known: _____