Mountain Climbing Questionnaire

| Producer Name: | Contact Phone: | | |
|--|-----------------------------|------------------------------------|--|
| Client Name: | Age: | DOB: | |
| Sex: Height: Weight: | | | |
| Client's Premium Tolerance (what do you need in order to place the case)? [required] | | | |
| Any Tobacco/Nicotine Use in the Past 5yrs? ☐ Yes ☐ No ☐ If Yes ☐ Yes ☐ No ☐ If Yes ☐ If | es, Type/Frequency/Date | Last Used? | |
| Face Amount: Product: | | | |
| Any Parent or Sibling Diagnosed with Cancer, Heart Disease, Stroke, Kidney Disease or Diabetes? ☐ Yes ☐ No If Yes, Provide Age at Diagnosis, Age at Death, or Age if Still Living: | | | |
| | | | |
| If Your Client Has a Mountain Climbing Avocation, Please Answer the Following: | | | |
| What Specific Activity Does Your Client Participate In? | dock/Mountain ☐ Snow | /Ice □ Navigation | |
| 2. Where Does Your Client Participate? ☐ North America and Western Europe (excluding Arctic regions) ☐ Eastern Europe ☐ Asia (excluding Himalayas) ☐ Asia ☐ Africa ☐ Antarctica | | | |
| 3. Your Client Generally Participates in Which Season(s) of the Year? ☐ Winter ☐ Spring ☐ Summer | □ Fall | | |
| 4. Describe Safety Equipment Used (if any): | | | |
| 5. Does Your Client Ever Climb Alone or Without a Rope? ☐ Yes ☐ No | | | |
| 6. How Long Has Your Client Participated in this Activity: Date Last Participated:// Total Number of Times Participated: Number of Times Participated in the Last 12 Months: Number of Times Planning to Participate in the Next 12 Months: | | | |
| 7. Maximum Height Climbed? | | | |
| 8. Yosemite Decimal System, Water Ice Rating and/or Mixed Grade Class | ification? | | |
| 9. List Formal Training and Qualifying Certificates, Licenses, etc., held. Ale Affiliation and Established Safety Rules. | so List Membership in Any C | Organization with National | |
| 10. Does Your Client Have Any Known Medical Conditions, Any History of the past 5 years? | Alcohol or Drug Abuse, or M | lore Than Two Moving Violations ir | |
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