

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, 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:

1. What Specific Activity Does Your Client Participate In?

Trekking Climbing Artificial Climbing Wall Rock/Mountain Snow/Ice Navigation

2. Where Does Your Client Participate?

North America and Western Europe (excluding Arctic regions) North America and Western Europe (Arctic regions)
 Eastern Europe Asia (excluding Himalayas) Asia (Himalayas) South America
 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 Classification? _____

9. List Formal Training and Qualifying Certificates, Licenses, etc., held. Also List Membership in Any Organization with National Affiliation and Established Safety Rules.

10. Does Your Client Have Any Known Medical Conditions, Any History of Alcohol or Drug Abuse, or More Than Two Moving Violations in the past 5 years?

