

CLIMBING/MOUNTAINEERING QUESTIONNAIRE (to be completed by Proposed Insured)

Name: _____ Application No.: _____

1. Do you consider yourself a: Amateur/hobby mountaineer professional instructor guide rescue climber
2. Type(s) of climbing: Trail Rock Snow Ice Glacier Other (explain): _____
3. Frequency of each: _____
4. Date and location of last climb: _____
5. How long have you been climbing: _____
6. What courses have you taken and date(s)? _____
7. Do you ever climb alone? Yes No

If no, how many others would you normally climb with and what would be their experience?

If yes, please provide details:

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

9. Time of year you climb: _____
10. List the equipments you normally carry:

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

12. Your highest climb and date? _____
13. What are your future goals regarding climbing?

14. If you climb outside your home area, do you climb with local guides? Yes No
15. Additional comments:

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured
		X