

Underwriting Questionnaire



Climbing

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Kind of climbing (select all that apply) Mountain Rock Trail Ice Wall/Artificial

Number of climbs Last 12 months _____ 12-24 months _____ Estimated next 12 months _____

Height of climbs on average _____ Highest climb ever done _____

Climbs Last 3 Years	
Mountain Ranges	Date

Climbs Next 12 Months	
Mountain Ranges Outside 48 Continental States	Date

Climbs Next 12 Months	
Mountain Ranges Inside 48 Continental States	Date

Kind of training _____ Years of experience _____

Type of safety equipment _____ Climb alone Climb with others

Club affiliation(s) _____

What class of climbing does the client most often participate in (American Rating System)

1 2 3 4 5 or Easy Moderate Difficult Severe

What is the highest class the client has ever participated in _____