

MOUNTAINEERING **QUESTIONNAIRE**

CONFIDENTIAL

To be completed in English by the life assured.

Full name

Date of birth (dd/mm/yyyy)

1. In what areas do you climb? (please give details, e.g. area, frequency of trips, length of expedition etc)

2. Do you partake in any Alpine climbing?
 Yes No If Yes, please give details below.

3. To what standard do you climb?

4. For how many years have you been climbing regularly?

5. How often do you climb? – Number of times per annum

6. What season of the year do you climb?

7. Do you belong to a club?
 Yes No If Yes, please give name below.

8. Have you ever sustained any injuries whilst climbing?
 Yes No If Yes, please give details below.

9. Are you always accompanied on climbs? Yes No

10. Do you intend to embark on any expeditions? e.g. Himalayan, Andean etc.

Yes No If Yes, please give full details below.

11. How many climbs have you done in the past 12 months?

12. Do you intend to increase or decrease the number of climbs that you do?

13. Are you a member of a mountain rescue team?

Yes No If Yes, please provide as much information as possible regarding this, e.g. nature of call-outs, frequency etc.

14. Has a mountain rescue team ever been required by you or your group

Yes No If Yes, please give full details below.

15. Are there any additional hazards which may affect your eligibility for life insurance: e.g. record attempts.

DATA PROTECTION

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RL360 will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360 will, at all times, make sure that your data and information is only used in ways that are allowed by law.

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DECLARATION

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I give my express consent for the information in this form to be processed.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

Signature of life assured

Date (dd/mm/yyyy)