

Identification

Policy no.:

Last name of proposed insured:

First name of proposed insured:

Date of birth: / /
 year / month / day

Climbing section

1. What type of climbing do you do?

- A) Hiking
- B) Climbing
- C) Indoor Wall Climbing
- D) Rock/mountain climbing
- E) Glacier climbing
- F) Other (please specify): _____

2. Where do you climb?

- A) North America / Western Europe (excluding the Arctic)
- B) North America / Western Europe (including the Arctic)
- C) Eastern Europe / Asia (excluding the Himalayas)
- D) Asia (the Himalayas)
- E) South America
- F) Africa
- G) Antarctica
- H) Other (please specify): _____

3. At what altitude?

- A) Less than 13,000 feet
- B) More than 13,000 feet

4. Describe the type of safety equipment you use:



Climbing section (...continued)

5. Do you climb alone or without a harness? Yes No

6. When did you first start climbing?

A) Date of most recent first climb:

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year / month / day

B) Date of most recent climb:

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year / month / day

C) How many climbs have you completed? _____

D) How many climbs have you completed in the past 12 months? _____

E) How many climbs do you expect to complete in the next 12 months? _____

F) Do you intend to continue to climb? Yes No

7. The highest altitude reached during a climb: _____ Feet Meters

8. Your highest climbing grade attained:

A) Grade (rating): _____

B) Rating system used (YDS, "V" scale, etc.): _____

C) No rating system used: _____

9. Please indicate any training followed, certifications or permits obtained, etc., as well as any national or international organization of which you are currently a member.

I, the undersigned, declare that the information provided above is complete and accurate and shall form the basis of the contract with Humania Assurance.

Signed at: _____ on:

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year / month / day

Signature of proposed insured _____

Signature of witness _____