



MOUNTAINEERING AND ROCK CLIMBING QUESTIONNAIRE

Application number:

Person to be covered:

Date of birth:

Address:

How many years have you been climbing regularly?

How often do you climb?

Are you a member of a club affiliated to the British Mountaineering Council?

☐

No

☐

Yes

Which of these areas do you climb in?

- ☐ UK - Scotland
- ☐ UK - elsewhere
- ☐ Swiss, French or Italian Alps
- ☐ Pyrenees
- ☐ Africa
- ☐ Himalayas or Karakoram
- ☐ North America - Mount McKinley
- ☐ North America
- ☐ Other areas

Please give details below.

What type of terrain do you climb on?

- ☐ Rock
- ☐ Snow/ice
- ☐ Artificial climbing walls

What is the degree of difficulty?

- ☐ Easy
- ☐ Moderate
- ☐ Difficult
- ☐ Severe

Please indicate the maximum technical grade (4a, 4b...7b, 7c).

What is the maximum height you have climbed to?

What seasons do you climb in?

- ☐ Spring
- ☐ Summer
- ☐ Autumn
- ☐ Winter

What percentage of your climbing is on routes protected by climbing bolts?

Do you ever climb without a rope?

- ☐ No
- ☐ Yes

Please tell us how often, in what area of the world and the degree of difficulty.

Do you ever climb solo?

☐ No

☐ Yes

Please tell us how often, in what area of the world and the degree of difficulty.

Do you plan to go on any overseas expeditions in the next two years?

☐ No

☐ Yes

Please give us details, including the area of the world, the length of the expedition and the frequency of trips.

DECLARATION

I declare that:

- the answers I have given are true and complete, to the best of my knowledge and belief
- I have not withheld any information that may influence your assessment or acceptance of my application(s).

I agree that:

- this questionnaire will constitute part of my application for a protection plan and if I don't give you all the facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this application may be cancelled or the terms changed, and any claims may be refused.

I agree to:

- inform you in writing of any change in circumstances between the date of the application and the date you assume risk on my plan.

Signature:
Date: