

# Mountaineering questionnaire

To be completed by the insured person.

Please complete in BLOCK CAPITALS and in ballpoint pen.

## 1. Insured person's details

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Policy/Reference number

Title

Mr / Mrs / Miss / Ms / Other – please specify

Full forename(s)

Surname

Date of birth (dd/mm/yyyy)

If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

## 2. Questions

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2.1 When and where did you learn to climb?

2.2 What do you compete as?

Only tick one box.

An amateur

A professional

2.3 What level of competence have you reached, for example novice, instructor?

2.4 Are you a member of a club?

No

Yes – tell us the name of the club and if it's associated with the British Mountaineering Council

2.5 How often do you climb each year?

## 2. Questions – continued

2.6 Please complete the table below:

Where do you intend to climb, for example UK only, Europe, Asia?  (If you climb in more than one area, give details for each area.)	How often do you intend to climb in this area each year?	What's the maximum height/altitude you intend to climb to (in metres)?	Do you only climb bolt-protected routes?  Yes/No	What's the degree of difficulty, for example easy, difficult, severe, extremely severe?	What type of terrain do you climb in, for example snow, ice, rock?

2.7 Do you always use safety equipment?

No – give full details below

Yes

2.9 Have you had any accidents when climbing?

No

Yes – give full details

2.8 Do you ever climb alone?

No

Yes – give full details

2.10 Do you take part in any other activities, for example speed climbing or secured/unsecured ice climbing?

No

Yes – give full details

### 3. Declaration

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I acknowledge this questionnaire forms part of my application. To the best of my knowledge, the information and statements made in this questionnaire are true and complete. If the statements aren't true and complete and/or I don't tell Aegon about any changes before the policy starts, then it **might result in loss or cancellation of the protection**. I confirm that I've read over any answers that I didn't complete and that they're correct.

Date (dd/mm/yyyy)

Signature

