MOUNTAIN, ROCK, OR ICE CLIMBING QUESTIONNAIRE

Name _____ Birth Date _____

Circle type of climbing: Mountain Rock Ice

	Last 12 months	1 to 2 years ago	Estimate next 12 months
1. Number of climbs			

2. **Climbs Outside 48 Continental States** / **Mountain ranges in US**

Location	Date	Location	Date

(continue on reverse side of form)

3. Maximum elevation climbed _____
4. Type of training and years of experience _____
5. Type of equipment used _____
6. Club affiliation _____
7. a. What class of climbing do you most often participate in (American Rating System) _____
7. b. What is the highest class you have ever participated in _____ (Class) _____ (Date)

Proposed Insured's Signature _____ Date ____ / ____ / ____

Witness _____ Date ____ / ____ / ____

CFS

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