

Mountaineering questionnaire

(to be completed by the life to be insured)

Instructions

Please complete this form to supplement the answers you have given on your application. The information you give will assist us in the assessment of your application.

Please complete this form in **BLOCK CAPITAL** letters. All questions must be answered accurately with full disclosure of all relevant information. If there is insufficient space for any answer, please continue on a separate piece of paper and attach to this questionnaire.

1 Personal details

Policy number (if known)

Full name of life to be insured

Title Mr Mrs Miss Ms Dr Other (please give details)

Family name

Forename(s)

Date of birth

2 Supplementary questions

2.1. To what standard do you climb?

Amateur/hobby mountaineer Professional mountaineer Semi-professional guide
 Professional guide Rescue climber

2.2. Do you have a specific qualification or regularly join training courses? Yes No

If 'Yes', please provide details

2.3. How long have you been climbing/trekking/hiking? _____ years _____ months

2.4. Do you belong to a club or association? Yes No

If 'Yes', please provide details

Supplementary questions (continued)

2.5 Which of the following activities do you perform?

Category	Yes	No	Level	Frequency (number/year)			Height
			UIAA or equivalent	guided	in groups	solo	metres
Rock climbing with safety gear							
Rock climbing without safety gear							
Trekking							
Hiking							
Adventure/climbing parks							
Expeditions/remote areas							

2.6. In which regions do you perform the sport(s)?

Region	Yes	No	Height
			metres
Africa			
Alps			
Andes			
Europe (elsewhere)			
Mt McKinley			
Alaska range			
Himalayas			

2.7. Do you include assisting tools in your descent (e.g. kites, paraglide, skis, snowboard, etc.)?

Yes No

If 'Yes', please provide details

2.8. Have you ever been injured or experienced situations requiring rescue (including altitude sickness)?

Yes No

If 'Yes', please provide details

2.9. Do you have any plans regarding future tours, altitudes, degree of difficulty or change of activities?

Yes No

If 'Yes', please provide details

Supplementary questions (continued)

2.10. Please provide any additional information which you feel will be helpful in processing your application.

Thank you for completing this form. Please return it to us with your application, or if you prefer, in a sealed envelope.

3 Privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (the Company) as Data Controller in line with the Data Protection Policy. Full details can be found online at <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

4 Declaration/Consent

I understand that this form will constitute part of my proposal and that failure to disclose any material fact known to me may constitute grounds for rejection of a claim or repudiation of the contract.

Special category data consent

By signing this form, I consent to the Company processing my medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me or from any insurer to which an application has been made for insurance. I confirm such authorisation shall remain in force after my death.

Withdrawal of consent

I understand that where I have provided consent I have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

I declare that I have reviewed the answers given in this application, whether in my handwriting or not, and that they are true and complete to the best of my knowledge and belief, and will form the basis of my contract of life insurance.

I confirm that this signature is mine or that of my appointed legal representative.

Signature of life to be insured

Date

D	D	M	M	Y	Y	Y	Y
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