

First and last names of insured _____

Y | Y | Y | Y | M | M | D | D

Date of birth

Policy/application number _____

1. Which of these disciplines do you practice and how often?

Discipline	Frequency
<input type="checkbox"/> Mountaineering	
<input type="checkbox"/> Indoor climbing	
<input type="checkbox"/> Outdoor climbing	
<input type="checkbox"/> Ice or glacier climbing	
<input type="checkbox"/> Hiking	
<input type="checkbox"/> Trekking	
<input type="checkbox"/> Other, specify: _____	

2. Date and place of the last ascent:

Discipline	Date	Location
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	
	Y Y Y Y M M D D	

3. a) Accreditations, levels and qualifications obtained: _____

b) Years of experience: _____

4. Are you a member of a club or an association related to these activities? Yes No

If yes, specify: _____

5. Do you do solo or night climb? Yes No

Specify which one, date, and altitude: _____

6. Specify the geographical locations, altitude and degree of difficulty of your climbs:

In the last 12 months:

Discipline	Location	Altitude	Degree of difficulty

Over the next 12 months:

Discipline	Location	Altitude	Degree of difficulty

7. List of equipment used: _____

8. Do you foresee a change in the conditions or type of practice of this sport? Yes No

If yes, specify: _____

9. Additional information _____

10. Declaration

I acknowledge having fully understood all of the questions above and that the answers given are true and complete. In addition, I consent to having them as an integral part of the requested insurance policy.

X

Signature of insured (signature of the father, mother or legal guardian if the insured is a minor)

Y | Y | Y | Y | M | M | D | D

Date