

Protective Life Insurance Company

P.O. BOX 830619
BIRMINGHAM, ALABAMA 35283-0619

Supplemental Application Mountain / Rock Climbing Questionnaire

Proposed Insured _____

Policy # _____

1. For how many years have you been climbing regularly? _____
2. How often do you climb? _____
3. Are you a member of a climbing club? _____
4. In which of the following areas do you climb? (North America – Mt. McKinley, North America – elsewhere (please specify), Alps (Europe), Africa, Himalayas/Karakoram, Other areas (please specify) _____

5. Nature of climbing – please give details of:
 - a. Type of terrain (i.e. rock, snow/ice, artificial climbing walls) _____
 - b. Degree of difficulty (i.e. easy, moderate, difficult, severe) _____
 - c. Maximum height climbed to _____
 - d. Season(s) of the year when you climb _____
6. What percentage of your climbing is on routes protected by fixed or placed climbing devices? (such as bolts, hangars, pitons, etc.) _____
7. Do you ever climb alone or without a rope? _____
If YES, please state how often, location, and degree of difficulty. _____

8. Do you plan to go on any overseas expeditions in the next 2 years? _____
If YES, please give full details, including area, length of expedition, and frequency of trips. _____

I declare that the answers I have given are true to the best of my knowledge and belief and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree to inform Protective Life Insurance Company of any material changes before the insurance is in effect.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. An insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Signed at _____

Date _____

Witness _____

Proposed Insured _____