



Protective Life Insurance Company
P.O. Box 830619
Birmingham, AL 35283-0619

SUPPLEMENTAL APPLICATION – MOUNTAIN/ROCK CLIMBING QUESTIONNAIRE

Name: _____ Date of Birth: _____ Policy #: _____

1. For how many years have you been climbing regularly? _____

2. How often do you plan to climb in the next 2 years? _____

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.

Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties, according to state law.

Signed at (City, State): _____, _____ day of _____ (Month), _____ (Year).

Signature of Proposed Insured

Witness