

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

INDIVIDUAL LIFE INSURANCE APPLICATION - MOUNTAIN/ROCK CLIMBING QUESTIONNAIRE

Proposed Insured (Print): _____ Policy Number: _____

1. How many years have you participated in mountain or rock climbing?	
2. What type of climber do you consider yourself to be? <u>Note:</u> Competitive amateur sportspersons, or semi-professionals, may receive an income through receiving appearance money, prize money, sponsorship, private donations or supporting payments from a national association or government body. These sportspersons are participating at a much higher competitive level than a true amateur and therefore it is important to distinguish the risk appropriately.	<input type="checkbox"/> Amateur / Hobby Mountaineer <input type="checkbox"/> Competitive Amateur <input type="checkbox"/> Instructor <input type="checkbox"/> Professional <input type="checkbox"/> Professional Guide <input type="checkbox"/> Rescue Climber <input type="checkbox"/> Semi-Professional Guide
3. Are you a member of a climbing club?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What is your total number of climbs in the past 2 years? Please provide details.	
a. Location	
b. Altitude	
5. How often do you plan to climb in the next 2 years? Please provide details.	
a. Location	
b. Altitude	
6. Do you ever climb alone or without a rope? If Yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. How often?	
b. What is the location of the climb?	
c. What is the degree of difficulty?	
7. Do you plan to go on any overseas expeditions in the next 2 years? If Yes, please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Area or location	
b. Length of expedition	
c. Frequency of trips	
8. Have you ever experienced accidents or situations requiring rescue, including altitude sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Please complete the chart below for all activities you perform:					
ACTIVITY	LEVEL (YDS, UIAA, UK CLASS AND GRADE)	FREQUENCY (NUMBER PER YEAR)			ALTITUDE (FEET/METERS)
		GUIDED	IN GROUPS	SOLO	
ACW / Indoor					
Adventure / Climbing Parks					
Bouldering					
Caving / Potholing					
Expeditions / Remote Areas					
Free Solo Climbing					
Guides / Instructors					
Hiking					
Ice Climbing Secured					
Ice Climbing Unsecured					
Rock Climbing with Safety Gear					
Rock Climbing without Safety Gear					
Scrambling					
Search and Rescue					
Sports Climbing / Top Rope					
Trail Climbing					
Tramping					
Trekking					

10. Additional Details:

All statements and answers to the above questions have been correctly recorded. They are complete and true to the best of my knowledge and belief.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

Signed At _____ Date _____
City and State *Mo./Day/Yr.*

(X) _____
 Signature of Proposed Insured Witness

(X) _____
 Signature of Agent Printed Name of Agent

 Agent's FL License ID Number