



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

MOUNTAIN CLIMBING QUESTIONNAIRE

TO BE FILLED BY THE PROPOSER

Name of the Life Insured: _____
 Proposal Number: _____

PLEASE GIVE FULL AND ACCURATE ANSWERS TO EACH QUESTION

1. For how many years have you been climbing regularly? _____
2. How often do you climb? _____
3. How high do you climb on an average? (in meters) _____
4. What is the highest point have you ever climbed to? _____
5. In which areas do you climb? (If mountain ranges, please specify, E.g. if Sahyadri, Himalayas etc) _____
6. Do you possess any professional qualification, licenses or formal training wrt mountain climbing, give details

7. Nature of climbing _____
8. Type of terrain eg. Rock, snow/ice, artificial climbing walls: _____
9. Degree of difficulty i.e easy, moderate, difficult, severe: _____
10. Do you Climb 'glacier'? Yes No
 If 'Yes', no. of times you climb per year: _____
11. Do you climb solo? Yes No
 If 'Yes', no. of times you climb per year: _____
12. During which seasons do you climb? Spring Summer Winter
13. Are you a member of a club? Yes No
 If 'Yes', please provide the following details :
 • Is the club registered? Yes No
 If 'Yes', please provide the Regn No. _____
 • Name and address of the club? _____
14. Do you ever climb alone? Yes No
15. Length of average climbs: _____ hrs _____ day(s)
16. Maximum height climbed to: _____
17. Do you, or do you intend to do Alpine climbing? Yes No
18. What altitudes? _____ No. of years _____
19. What precautionary measures are available with you while climbing? _____

20. Have you ever suffered from any injury/adverse health condition while climbing? (like breathlessness, pulmonary edema, blood pressure etc.) Yes No
 If 'Yes', please specify _____
21. Have you ever been restricted from climbing by any of the physician? Yes No
 If 'Yes', please provide the details _____
22. Do you plan to go for any major expeditions in the next 2 years? Yes No
 If 'Yes', please give full details, including area, length of expedition and frequency of trips _____

I hereby declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I hereby agree that the foregoing questions and answers shall form part of the proposal for insurance made by me to the company.

Place: _____ Date: _____

Signature of Life Insured

VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____ Date: _____

Signature of Life Insured