

Climbing Supplement

(Supplement to Application)

1. Proposed Insured

Please print all answers

a. Full Name

b. Date of Birth (Mo. Day Yr.)

2. Insurer

Insurer:

3. General Climbing Information

a. Kind of Climbing (Check all that apply): Mountain Rock Trail Ice

b. Number of Climbs: Last 12 Months 12 to 24 Months Ago Estimated Next 12 Months

4. Specific Climbing Information

a. Climbs Last 5 Years:

Mountain Ranges Outside 48 Continental States	Date	Mountain Ranges Inside 48 Continental States	Date

b. Climbs Next 12 Months:

Mountain Ranges Outside 48 Continental States	Date	Mountain Ranges Inside 48 Continental States	Date

c. Kind of Training and Years of Experience

d. Kind of Equipment Used

e. Club Affiliation

f. (1) What class of climbing do you most often participate in (American Rating System)?

(2) What is the highest class you have ever participated in? Class

Date

I represent that the statements and answers given in the application are true, complete, and correctly recorded to the best of my knowledge and belief. I further agree that: (1) I will notify the Insurer if any statement or answer given in the application changes prior to policy delivery

Signature of Proposed Insured

Date