



# Climbing Questionnaire

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agent E-mail: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male / Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ State: \_\_\_\_\_ Smoker: Yes / No

Face Amount: \$ \_\_\_\_\_ Type of Insurance: UL WL SUL Term (# of years \_\_\_\_\_)

1. What kind of climbing does the proposed insured do? Mountain Rock Trail Ice

2. How many climbs:
- a) In the past 12 months? \_\_\_\_\_
  - b) In the year before that? \_\_\_\_\_
  - c) In the next 12 months? \_\_\_\_\_

3. Specific climbing information for climbs in the past 5 years:

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

4. Specific climbing information for climbs in the next 12 months:

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

5. What kind of climb training and experience does the proposed insured have? \_\_\_\_\_

6. What kind of climb equipment does the proposed insured use? \_\_\_\_\_

7. Is the proposed insured affiliated with any climb clubs? Yes No  
If yes, provide details: \_\_\_\_\_

8. In what class of climbing does the proposed insured most often participate (American Rating System)? \_\_\_\_\_

9. What is the highest class the proposed insured has ever participated? Class \_\_\_\_\_ Date: \_\_\_\_\_

**FAX or E-MAIL to Donna Winterstine at 301-355-0429 / [dwinterstine@bsibroker.com](mailto:dwinterstine@bsibroker.com)**