

# Mountaineering and rock climbing

## Supplementary questionnaire

You have indicated that mountaineering and rock climbing are hobbies/professions in which you are actively involved. In order to process your application Canada Life International Limited ('the Company') requires the following supplementary information. The information supplied in this questionnaire in respect of any individuals is data for the purposes of the Data Protection Act 2002. The purposes for which this information will be used and the parties to whom it will be disclosed are explained in the Data Protection Statement contained in the Application Form. By completing and signing this form, all signatories will indicate to us that they are giving consent for the use of this supplementary data in accordance with the Data Protection Statement.

Please complete in **BLOCK CAPITALS** and tick boxes where appropriate.

### Life proposed

Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Date of birth (day, month, year)	<input type="text"/>
Application or policy number (if known)	<input type="text"/>

### Type of climbing

#### Tick all that apply

- Walking/scrambling/bouldering/trekking
- Artificial or indoor wall climbing
- Sports and ice climbing
- Traditional mountaineering/rock climbing
- Professional climbing/mountaineering

### Location

#### Tick all that apply

- |                     |                             |                          |
|---------------------|-----------------------------|--------------------------|
| Where do you climb? | UK                          | <input type="checkbox"/> |
|                     | Europe                      | <input type="checkbox"/> |
|                     | North America               | <input type="checkbox"/> |
|                     | South America               | <input type="checkbox"/> |
|                     | Himalayas                   | <input type="checkbox"/> |
|                     | Other (please give details) | <input type="checkbox"/> |

### Grade/Altitude

- |   |                  |                          |                 |                          |                  |                          |        |                          |
|---|------------------|--------------------------|-----------------|--------------------------|------------------|--------------------------|--------|--------------------------|
| What is the highest altitude that you climb to? | Less than 4,000m | <input type="checkbox"/> | 4,000m – 8,000m | <input type="checkbox"/> | more than 8,000m | <input type="checkbox"/> |        |                          |
| What grade do you climb to?                     | Easy             | <input type="checkbox"/> | Moderate        | <input type="checkbox"/> | Difficult        | <input type="checkbox"/> | Severe | <input type="checkbox"/> |

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**Experience**

How many years have you been climbing?

Are you a member of the British Mountaineering Council (BMC) or other organisations/clubs?

Yes  No

If 'Yes', please state which

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**Frequency**

How often do you climb?

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**Climbing accidents**

Have you ever sustained any injuries whilst climbing?

Yes  No

If 'Yes', please provide full details of the injuries, treatment and dates

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**Solo climbing section**

Do you ever climb solo?

Yes  No

If 'Yes', please state where you climb, how often and the grade

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**Expeditions**

Have you ever or do you plan to go on expeditions (commercial or otherwise)?

Yes  No

If 'Yes', please give details of location and length of expedition

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**Declaration**

I agree that this supplementary questionnaire will form part of my application for life assurance/health insurance and I confirm that I have answered all of the questions truthfully, fully and to the best of my knowledge.

I consent to the information that I have provided in this questionnaire being used in the assessment of my application for life assurance/health insurance.

I confirm that I have mentioned all Material Facts. **A Material Fact is one that may influence the terms on which my application is accepted by the Company.** I understand that if I do not tell the Company all Material Facts, this could result in a claim being refused or the Company cancelling the policy. Therefore, if I am unsure whether any fact is material, I will disclose it.

Signature of life proposed / assured

Date (day, month, year)

Name (BLOCK CAPITALS)



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