

# Mountain climbing questionnaire



Evidence no. (For H.O. use only)  
E #

Proposed insured's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
Advisor's first name	Middle initial	Last name	Advisor's no.

1. Indicate the Class of climbing in which you participate:

- Class 1 Hiking/trails Walking without using hands or special equipment.
- Class 2 Scrambling Climbing over rocks or boulders using hands and wearing proper shoes.
- Class 3 Easy climbing Steeper than Class 2, using hand and footholds and sometimes ropes.  
Number of easy climbs per year:
- Class 4 Moderate climbing Climbers are roped together and only one climber moves at a time. The stationary climber protects the others by bracing with the rope.  
Number of moderate climbs per year:
- Class 5 Difficult climbing Free climbing while using special equipment to protect the climber.  
Class and number of difficult climbs per year:   
5.0 to 5.7:  5.8 to 5.11:  5.12 up:
- Class 6 Artificial - aid climbing Using special equipment to climb otherwise inaccessible or impassable routes.  
Number of aided climbs per year:

2. Do you ice climb?  Yes  No Number of ice climbs per year:
- Do you climb glaciers?  Yes  No Number of glacier climbs per year:
- Do you climb solo?  Yes  No Number of solo climbs per year:

3. How long have you been climbing?

4. Where do you climb?

5. What seasons do you climb?  Spring  Summer  Fall  Winter

6. Are you a member of a club?  Yes  No If 'yes', name of club:

7. Do you ever climb alone?  Yes  No

8. List the equipment you use:

9. Length of average climbs? Hours:  Day(s):

10. Do you, or do you intend to alpine climb?  Yes  No

Altitudes:  Number of alpine climbs per year:

**Declaration:** I declare that the answers and statements to all of the questions are complete and true and shall form part of my application for insurance on my life with the Sun Life Assurance Company of Canada (company). I understand that if I do not completely and truthfully answer all of the questions (if I misrepresent my answers or statements) the company may void the policy.

Location signed (city)	Location signed (province)	Date (dd-mm-yyyy)	Signature of proposed insured X
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**Please submit only one copy of this document.**  
**Career Sales Force advisors: Original or fax toll-free to 1-866-487-4745.**  
**All others: Through your MGA or National Account.**

Policy no.

For SLF use:  
PIMOUNTE