

Name and surname Date of birth

Quotation number

Type(s) of climbing Trail Rock Snow Ice Glacier

Other (please explain)

Frequency of each

Date and location of last climb How long have you been climbing?

What courses have you taken and year(s)?

Do you ever climb alone? Yes No

If no, how many others would you normally climb with, and what would be their experience?

Please complete the following climbing information

Geographical location(s)	Type of climbing	Easy	Moderate	Severe
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Time of year you climb

List the equipment you normally carry

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please provide the following information about your average climb

Hours /Days Average heights Difficulty

Your highest climb? Date

What are your future goals regarding climbing?

If you climb outside your home area, do you climb with local guides? Yes No

Additional comments

Signature of Life Assured Date

If you require any further details, please ask your financial adviser. Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address: administration@unihealthandlife.com