

Name and surname

Date of birth

dd/mm/yyyy

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"/> |
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| <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

Please provide the following information about your average climb

Hours /Days

Average heights

Difficulty

Your highest climb?

Date

dd/mm/yyyy

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

dd/mm/yyyy

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