

# MOUNTAIN, ROCK, OR ICE CLIMBING QUESTIONNAIRE

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Circle type of climbing: Mountain Rock Ice

Last 12 months 1 to 2 years ago Estimate next 12 months

1. Number of climbs \_\_\_\_\_

2. **Climbs Outside 48 Continental States**

**Mountain ranges in US**

Location	Date	Location	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(continue on reverse side of form)*

3. Maximum elevation climbed \_\_\_\_\_

4. Type of training and years of experience \_\_\_\_\_

5. Type of equipment used \_\_\_\_\_

6. Club affiliation \_\_\_\_\_

7. a. What class of climbing do you most often participate in (American Rating System) \_\_\_\_\_

7. b. What is the highest class you have ever participated in \_\_\_\_\_  
Class Date

Proposed Insured's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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