BROOKFIELD PARTNERS

Climbing Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

1. What kind of climbing does the proposed insured do?

☐ Mountain ☐ Rock ☐ Trail ☐ Ice

2. How many climbs:

a) In the past 12 months?

b) In the year before that?

c) In the next 12 months?

3. Specific climbing information for climbs in the past 5 years.

Ranges outside the 48 continental states	Date	Ranges inside the 48 continental states	Date

4. Specific climbing information for climbs in the next 12 months.

Ranges outside the 48 continental states	Date	Ranges inside the 48 continental states	Date

5. What kind of climb training and experience does the proposed insured have?

6. What kind of climb equipment does the proposed insured use?

7. Is the proposed insured affiliated with any climb clubs? ☐ Yes ☐ No

If yes, provide details:

8. In what class of climbing does the proposed insured most often participate (American Rating System)?

9. What is the highest class the proposed insured has ever participated in?

CLASS	DATE