

# Mountaineering/Caving Questionnaire

## 1. Your details

Full Name (Mr/Mrs/Miss/Ms/other)

Date of birth (DD MM YYYY)

Policy Number

## 2. Your activity details

a) Which activity do you participate in?

☐

Mountaineering

☐

Caving

b) Do you belong to a Club or Association?

☐

Yes

☐

No

If yes, please give full details.

c) How many years experience do you have?

d) Please state exactly where you climb or cave.

e) If you are involved in caving please state: Severity of caving (e.g. grade 1-5)

Number of caves per annum

Maximum depths involved

f) Are you involved in any cave diving?

☐

Yes

☐

No

If yes, please complete diving questionnaire.

g) If you are involved with climbing do you only climb in the UK?

☐

Yes

☐

No

If no, please state where.

## 2. Your activity details (continued)

h) Up to what severity and height do you climb (e.g. severe, 3000m)?

i) Do you ever climb or cave alone?

☐

Yes

☐

No

j) Do you ever take part in any hazardous explorations or record attempts?

☐

Yes

☐

No

If yes, please give details.

## 3. Declaration

- I declare that the above information is true and complete to the best of my knowledge and belief.
- I understand that this shall form part of my application with my Scottish Widows plan as stated in section 1 above.

Signature

Date (DD MM YYYY)

SCOTTISH  WIDOWS