



MOUNTAIN CLIMBING QUESTIONNAIRE

NAME OF PROPOSED INSURED	DATE OF BIRTH	BRANCH
--------------------------	---------------	--------

1. Have you engaged in or do you contemplate engaging in any of the following forms of mountain climbing?
- | YES | NO |
|--------------------------|-----|
| <input type="checkbox"/> | () |
- a. Hiking (Walking upright without use of hands or special footwear)
- b. Scrambling (Climbing over large blocks of rock using hands and special footwear)
- c. Easy Climbing (Climbing over steeper ground using handholds and footholds)
- d. Moderately Difficult Climbing (Climbing with other climbers with rope together)
- e. Difficult Climbing (Technical free climbing involving severe exposure)
- f. Artificial Aid Climbing (Using special equipment such as pitons, bolts, stirrups, etc.)

If "yes", give details below:

Form of Climbing Two Years Ago	Last 12 Months			Contemplated Next 12 Months (specify letter)					
	No.	Time Grade *	Altitude	No.	Time Grade *	Altitude	No.	Time Grade *	Altitude

*Time Grade:

- | | |
|---|---|
| Grade I - Two hours of less | Grade IV - One "long day" (from seven to ten hours) |
| Grade II - From two to four hours (½ day) | Grade V - From one to two days |
| Grade III - Most of one day (up to seven hours) | Grade VI - Two or more days |
- () YES () NO

2. Are you affiliated with a mountaineering club or any accredited organized club?

If yes, give details _____

3. How long have you been mountain climbing? _____ Total no. of climbs _____
 Do your climbs involve uncharted or unconquered routes? () YES () NO
 Have you ever climbed outside of the Philippines? () YES () NO If so, where? _____

4. Do you use alcohol to excess? () YES () NO illicit drugs? () YES () NO
 Do you have any medical conditions that may be complicated by high altitude? () YES () NO
 If yes, give details _____
 Do you have other hazardous avocations or hobbies? () YES () NO
 If yes, give details _____

I represent, to the best of my knowledge and belief, that all the above statements and answers are complete and true. I agree that they will form part of my application to the United Coconut Planters Life Assurance Corporation and become a part of any contract of insurance issued as a result of that application.

Signed at _____ on this _____ day of _____ 20_____.

WITNESS
UNDG-001-0601-2

SIGNATURE OF PROPOSED INSURED