

APPLICANT INFORMATION

NAME OF APPLICANT _____ DATE OF BIRTH _____
DAY MONTH YEAR

DETAILS

1. Type of climbing: Trail Rock Snow Ice Glacier

2. Date and type of the last climb:

3. How long have you been climbing?

4. Do you climb alone? YES NO

5. What height do you climb to?

6. How often do you climb?

7. Name geographical locations where you climb, type of climbing, and classify as easy, moderate or severe:

Location	Type of Climbing	Difficulty

8. What are your future plans or intentions related to mountaineering? Please include locations and altitude.

9. Have you ever had an accident, injury or a medical condition arising from mountaineering activities which required medical attention?
 YES NO If YES, please provide details.

10. If mountaineering sport requires an extra premium or an exclusion rider, which would you prefer?
 Extra premium Exclusion rider

AGREEMENTS / DECLARATIONS / AUTHORIZATIONS

All agreements, declarations and authorizations acknowledged in the initial Application for Life Insurance or Application for Reinstatement/Change apply to this form.

SIGNATURES

I hereby declare that the above information is true and complete and shall form part of my application to the Wawanesa Life Insurance Company.

A photocopy or an electronic reproduction of this document will be as valid as the original.

_____ DATE _____ SIGNATURE OF INSURED _____

PLEASE RETURN FORM TO:
The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8
TOLL FREE: 1-888-997-9965 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com