

APPLICANT INFORMATION		
NAME OF APPLICANT	DATE OF BIRTH	
	DAY	MONTH YEAR
DETAILS		
1. Type of climbing: <input type="checkbox"/> Trail <input type="checkbox"/> Rock <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Glacier		
2. Date and type of the last climb:		
3. How long have you been climbing?		
4. Do you climb alone? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide details.		
10. If mountaineering sport requires an extra premium or an exclusion rider, which would you prefer? <input type="checkbox"/> Extra premium <input type="checkbox"/> 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, TEL: 1-888-997-9965, FAX: 1-888-985-3872