ICICI PRUDENTIAL LIFE INSURANCE

High Risk Avocation (Hobby) Questionnaire : Mountaineering

Application No. | | | | | | | | | | | Abha ID:

Name of Proposer (Policy Owner):

Name of Life Assured (Person being insured by the policy)

Important note:

This questionnaire is a part of your application and is required for further analysis of your above-mentioned policy application.

It is mandatory to provide accurate and complete avocation (hobby) details as required in the questionnaire below. Suppressing avocation (hobby) related information or providing incorrect information may impact the claims payout.

Mountaineering Related Details of Life Assured

Please mention your Activity Type/Role

☐ Trekking ☐ Mountain Hiking ☐ Climbing ☐ Ice Climbing (Waterfalls/dry tooling)

☐ Bouldering ☐ Coasteering ☐ Hillwalking ☐ Free Solo Climbing/Soloing/Buildering

A. Trekking

1. Subtype (Select Single option)

☐ Hiking On Marked Trails ☐ Hiking Off Marked Trails And Mountaineering ☐ Rock Climbing

☐ Competitive Climbing ☐ Speed Climbing ☐ Any Other

Any Other: Please provide other Subtype

2. Altitude/ height (Select multiple option)

☐ High-Altitude Mountain Tours 3000 Meter (including glacier) ☐ Extreme-Altitude Mountain Tours 5500 Meter

☐ Indoor Or Outdoor Climbing Park Up To 7 UIAA ☐ Indoor Or Outdoor Climbing Park Above 8 UIAA

☐ Alpine-Style Climbing Up To 6UIAA ☐ Alpine-Style Climbing Above 7 UIAA

3. Location (Select multiple option)

☐ Himalaya ☐ Karakoram ☐ Eastern Rift Mountain ☐ Andes ☐ Alaska ☐ Any Other

Any Other: Please provide other Location

4. Duration (Select Single option)

☐ Less Than 1 Day ☐ Between 1 Day To 1 Week ☐ More Than 1 Week

5. Are you a member of British mountaineering club? Yes ☐ No ☐

If yes, Please mention British mountaineering club detail

6. Have you ever had an injury/ accident arising from this activity that required medical attention? Yes ☐ No ☐

If yes, please provide, the Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description.

B. Mountain Hiking

1. Subtype (Select multiple option)

☐ Hiking On Marked Trails ☐ Hiking Off Marked Trails And Mountaineering ☐ Rock Climbing

☐ Competitive Climbing ☐ Speed Climbing ☐ Any Other

Any Other: Please provide other Subtype

2. Altitude/ height (Select multiple option)

☐ High-Altitude Mountain Tours 3000 Meter (including glacier) ☐ Extreme-Altitude Mountain Tours 5500 Meter

☐ Indoor Or Outdoor Climbing Park Up To 7 UIAA ☐ Indoor Or Outdoor Climbing Park Above 8 UIAA

☐ Alpine-Style Climbing Up To 6UIAA ☐ Alpine-Style Climbing Above 7 UIAA

3. Location (Select multiple option)

☐ Himalaya ☐ Karakoram ☐ Eastern Rift Mountain ☐ Andes ☐ Alaska ☐ Any Other

Any Other: Please provide other Location

4. Duration (Select Single option)

☐ Less Than 1 Day ☐ Between 1 Day To 1 Week ☐ More Than 1 Week

5. Are you a member of British mountaineering club?

If yes, Please mention British mountaineering club detail

6. Have you ever had an injury/ accident arising from this activity that required medical attention? Yes ☐ No ☐

If yes, please provide, the Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description.

C. Climbing

1. Subtype (Select Single option)

☐ Hiking On Marked Trails ☐ Hiking Off Marked Trails And Mountaineering ☐ Rock Climbing

☐ Competitive Climbing ☐ Speed Climbing ☐ Any Other

Any Other: Please provide other Subtype

2. Altitude/ height (Select multiple option)

☐ High-Altitude Mountain Tours 3000 Meter (including glacier) ☐ Extreme-Altitude Mountain Tours 5500 Meter

☐ Indoor Or Outdoor Climbing Park Up To 7 UIAA ☐ Indoor Or Outdoor Climbing Park Above 8 UIAA

☐ Alpine-Style Climbing Up To 6UIAA ☐ Alpine-Style Climbing Above 7 UIAA

3. Location (Select multiple option)

☐ Himalaya ☐ Karakoram ☐ Eastern Rift Mountain ☐ Andes ☐ Alaska ☐ Any Other

Any Other: Please provide other Location

4. Duration (Select Single option)

☐ Less Than 1 Day ☐ Between 1 Day To 1 Week ☐ More Than 1 Week

5. Are you a member of British mountaineering club? Yes ☐ No ☐

If yes, Please mention British mountaineering club detail

6. **Have you ever had an injury/ accident arising from this activity that required medical attention?** Yes ☐ No ☐

If yes, please provide, the Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description.

D. Ice Climbing (Waterfalls/ Dry Tooling)

1. **Subtype (Select Single option)**

☐ Hiking On Marked Trails ☐ Hiking Off Marked Trails And Mountaineering ☐ Rock Climbing
☐ Competitive Climbing ☐ Speed Climbing ☐ Any Other

Any Other: Please provide other Subtype

2. **Altitude/ height (Select multiple option)**

☐ High-Altitude Mountain Tours 3000 Meter (including glacier) ☐ Extreme-Altitude Mountain Tours 5500 Meter
☐ Indoor Or Outdoor Climbing Park Up To 7 UIAA ☐ Indoor Or Outdoor Climbing Park Above 8 UIAA
☐ Alpine-Style Climbing Up To 6UIAA ☐ Alpine-Style Climbing Above 7 UIAA

3. **Location (Select multiple option)**

☐ Himalaya ☐ Karakoram ☐ Eastern Rift Mountain ☐ Andes ☐ Alaska ☐ Any Other

Any Other: Please provide other Location

4. **Duration (Select Single option)**

☐ Less Than 1 Day ☐ Between 1 Day To 1 Week ☐ More Than 1 Week

5. **Are you a member of British mountaineering club?** Yes ☐ No ☐

If yes, Please mention British mountaineering club detail

6. **Have you ever had an injury/ accident arising from this activity that required medical attention?** Yes ☐ No ☐

If yes, please provide, the Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description.

E. Bouldering

1. **Subtype (Select Single option)**

☐ Hiking On Marked Trails ☐ Hiking Off Marked Trails And Mountaineering ☐ Rock Climbing
☐ Competitive Climbing ☐ Speed Climbing ☐ Any Other

Any Other: Please provide other Subtype

2. **Altitude/ height (Select multiple option)**

☐ High-Altitude Mountain Tours 3000 Meter (including glacier) ☐ Extreme-Altitude Mountain Tours 5500 Meter
☐ Indoor Or Outdoor Climbing Park Up To 7 UIAA ☐ Indoor Or Outdoor Climbing Park Above 8 UIAA
☐ Alpine-Style Climbing Up To 6UIAA ☐ Alpine-Style Climbing Above 7 UIAA

3. **Location (Select multiple option)**

☐ Himalaya ☐ Karakoram ☐ Eastern Rift Mountain ☐ Andes ☐ Alaska ☐ Any Other

Any Other: Please provide other Location

4. **Duration (Select Single option)**

☐ Less Than 1 Day ☐ Between 1 Day To 1 Week ☐ More Than 1 Week

5. **Are you a member of British mountaineering club?**

If yes, Please mention British mountaineering club detail

6. **Have you ever had an injury/ accident arising from this activity that required medical attention?** Yes ☐ No ☐

If yes, please provide, the Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description.

F. Coasteering

1. **Subtype (Select Single option)**

☐ Hiking On Marked Trails ☐ Hiking Off Marked Trails And Mountaineering ☐ Rock Climbing
☐ Competitive Climbing ☐ Speed Climbing ☐ Any Other

Any Other: Please provide other Subtype

2. **Altitude/ height (Select multiple option)**

☐ High-Altitude Mountain Tours 3000 Meter (including glacier) ☐ Extreme-Altitude Mountain Tours 5500 Meter
☐ Indoor Or Outdoor Climbing Park Up To 7 UIAA ☐ Indoor Or Outdoor Climbing Park Above 8 UIAA
☐ Alpine-Style Climbing Up To 6UIAA ☐ Alpine-Style Climbing Above 7 UIAA

3. **Location (Select multiple option)**

☐ Himalaya ☐ Karakoram ☐ Eastern Rift Mountain ☐ Andes ☐ Alaska ☐ Any Other

Any Other: Please provide other Location

4. **Duration (Select Single option)**

☐ Less Than 1 Day ☐ Between 1 Day To 1 Week ☐ More Than 1 Week

5. **Are you a member of British mountaineering club?** Yes ☐ No ☐

If yes, Please mention British mountaineering club detail

6. **Have you ever had an injury/ accident arising from this activity that required medical attention?** Yes ☐ No ☐

If yes, please provide, the Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description.

G. Hillwalking

1. **Subtype (Select Single option)**

☐ Hiking On Marked Trails ☐ Hiking Off Marked Trails And Mountaineering ☐ Rock Climbing
☐ Competitive Climbing ☐ Speed Climbing ☐ Any Other

Any Other: Please provide other Subtype

2. **Altitude/ height (Select multiple option)**

☐ High-Altitude Mountain Tours 3000 Meter (including glacier) ☐ Extreme-Altitude Mountain Tours 5500 Meter
☐ Indoor Or Outdoor Climbing Park Up To 7 UIAA ☐ Indoor Or Outdoor Climbing Park Above 8 UIAA
☐ Alpine-Style Climbing Up To 6UIAA ☐ Alpine-Style Climbing Above 7 UIAA

3. **Location (Select multiple option)**

☐ Himalaya ☐ Karakoram ☐ Eastern Rift Mountain ☐ Andes ☐ Alaska ☐ Any Other

Any Other: Please provide other Location

4. **Duration (Select Single option)**

☐ Less Than 1 Day ☐ Between 1 Day To 1 Week ☐ More Than 1 Week

5. **Are you a member of British mountaineering club?** Yes ☐ No ☐

If yes, Please mention British mountaineering club detail

6. **Have you ever had an injury/ accident arising from this activity that required medical attention?** Yes ☐ No ☐

If yes, please provide, the Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description.

H. Free Solo Climbing/Soloing/Buildering

1. **Subtype (Select Single option)**

☐ Hiking On Marked Trails ☐ Hiking Off Marked Trails And Mountaineering ☐ Rock Climbing

☐ Competitive Climbing ☐ Speed Climbing ☐ Any Other

Any Other: Please provide other Subtype

2. **Altitude/ height (Select multiple option)**

☐ High-Altitude Mountain Tours 3000 Meter (including glacier) ☐ Extreme-Altitude Mountain Tours 5500 Meter

☐ Indoor Or Outdoor Climbing Park Up To 7 UIAA ☐ Indoor Or Outdoor Climbing Park Above 8 UIAA

☐ Alpine-Style Climbing Up To 6UIAA ☐ Alpine-Style Climbing Above 7 UIAA

3. **Location (Select multiple option)**

☐ Himalaya ☐ Karakoram ☐ Eastern Rift Mountain ☐ Andes ☐ Alaska ☐ Any Other

Any Other: Please provide other Location

4. **Duration (Select Single option)**

☐ Less Than 1 Day ☐ Between 1 Day To 1 Week ☐ More Than 1 Week

5. **Are you a member of British mountaineering club?** Yes ☐ No ☐

If yes, Please mention British mountaineering club detail

6. **Have you ever had an injury/ accident arising from this activity that required medical attention?** Yes ☐ No ☐

If yes, please provide, the Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description.*

☐ I hereby declare that all answers provided above are, to the best of my knowledge, true and that I have not withheld any information that may influence the assessment or acceptance of this application. I also agree that the above questions and answers shall form part of the proposal form of insurance made by me to the Company.

Place: _____

Date: _____

_____

Signature of the Life to be Assured / Proposer