

Cossio Insurance

107 Old Laurens Rd
Simpsonville SC, 29681
864-688-0121 phone
864-688-0138 fax

APPLICATION FOR CLIMBING GYMS

IMPORTANT: THIS IS NOT A BINDER

NOTE: Do not leave any questions blank. If it does not apply, mark it "N/A."

SECTION A -- APPLICANT INFORMATION

1. Name of Insured as it is to appear on policy _____
2. Doing Business as: _____
3. Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone number: _____ Fax number: _____
Email: _____ Web site: _____
Address of actual operation if different from above: _____
City: _____ State: _____ Zip: _____
Name of Owner or Insurance Contact: _____
7. Do You : Own Lease Premises? If lease, describe arrangement: _____
8. Legal Status: individual partnership corporation joint venture for profit non-profit
 tax exempt other _____
9. Are you a member of the **Climbing Wall Association (CWA)**? Yes No
10. Are you a member of any other associations? If "yes", please list: _____
11. . Number of years in business at this location: _____ years? Total experience in this type of business: _____ years?

SECTION B -- CLAIMS HISTORY FOR THE LAST 5 YEARS

Describe all claims (regardless of fault) that have occurred in the last 5 years. If none, state "**none**":

Claim: _____	Amount Paid: _____	Date: _____
Claim: _____	Amount Paid: _____	Date: _____
Claim: _____	Amount Paid: _____	Date: _____
Claim: _____	Amount Paid: _____	Date: _____
Claim: _____	Amount Paid: _____	Date: _____

****Please attach a copy of Loss Runs from current/prior insurance carriers****

I hereby certify that the above information is true to the best of my knowledge: _____ (Initial Here)

SECTION C -- INSURANCE INFORMATION

1. Current insurance company: _____ Expiration Date: _____ Liability Premium: _____
Deductible (Select One): ___ \$1,000 ___ \$2,500 ___ \$5,000 Proposed Effective Date: _____
Have you ever had similar insurance cancelled or non-renewed? [] yes [] no If yes, please explain: _____

*If you need to include an entity as an Additional Named Insured, please complete the Request for COI/Additional Insured Certificate at the end of this application. Please note, there is a premium cost involved.

SECTION D – FACILITY OVERVIEW

1. Description of Operation/Location: **(check all that apply with corresponding gross receipts for rating)**

Climbing Gym Activities

Climbing Wall \$ _____
Pro Shop \$ _____
Equipment Rental \$ _____
Locker Room \$ _____
 Swimming Pool \$ _____
 Snack Bar \$ _____
 Sponsored Special Events or Competitions \$ _____
 Outdoor Guiding \$ _____

Land-Based Activities (Outside of the Gym)

Hiking and Backpacking \$ _____
Camping \$ _____
Running \$ _____
Initiative Games and Problem-Solving Exercises \$ _____
High and Low Challenge Courses \$ _____
Orienteering/Map & Compass \$ _____
Bicycle Touring \$ _____
Mountain Biking \$ _____
Bouldering \$ _____
Top Rope Rock Climbing \$ _____
Rappelling \$ _____
Lead Climbing \$ _____
Multi-Pitch Climbing \$ _____
Mountaineering \$ _____
Glacier Travel \$ _____
Snow and Ice Climbing \$ _____
Caving \$ _____
River Crossing \$ _____
Snowshoeing \$ _____
Cross Country and Back Country Skiing \$ _____
Horseback Riding and Animal Packing \$ _____
Extended Expeditions and Remote Wilderness Travel \$ _____

Water-Based Activities

Flat Water Canoeing and Kayaking \$ _____
White Water Canoeing and Kayaking \$ _____
River Rafting \$ _____
Sea Kayaking \$ _____
Sailing \$ _____
Swimming \$ _____
Snorkeling \$ _____
Scuba Diving \$ _____

Describe "Other" or any additional operation not listed above: _____

I hereby certify that the above information is true to the best of my knowledge: _____ (Initial Here)

Who built your gym? _____

When was it built? _____ Was Gym built to CWA or Similar Standards? _____

Do you follow the Climbing Wall Association Industry Practices? ___ Yes ___ No

Describe the landing surface in your gym. _____

Number of staff: full-time _____ full-time/seasonal _____ part-time _____ contract _____

What is your staff to class participant ratio? _____

Do you have a program in place for training staff in all relevant aspects of your facility's operations? ___ Yes ___ No

If "yes", please list topics covered for staff training: _____

Number of staff members certified in CPR and first-aid procedures: _____

****Please provide resumes for all managers of your facility.
Resumes should include climbing training and any related activities.**

10. Do you have emergency protocols and procedures in place in the event of an accident, injury or illness? ____ Yes ____ No
11. If "yes", please briefly describe your procedures: _____

12. Describe where Warning, Climb Smart!™, Rules, and any other similar posters are placed in the Gym? _____
13. Describe your policy regarding the monitoring of your walls/climbers during gym hours? _____
14. Describe your Equipment Check Policy for walls, hardware, and rental gear. (How often are the checks done, are records kept.) _____
15. Are climbers allowed to use personal equipment? ____ Yes ____ No
16. Describe your policy regarding the screening of the equipment being used by the climbers. _____

SECTION E – GUIDING

Do you offer any Outdoor Guide trips overnight? ____ If yes, give the details _____
How many days a year do you offer Outdoor Guiding? _____
Is your staff in control of the belaying during Outdoor Guiding? ____ If no, give details _____

4. Where is the Outdoor Guiding activity held? _____
5. How far is the closest Medical Response Facility while Guiding? _____
6. Are all participants required to sign a waiver for Outdoor Guiding? _____
7. List any other applicable safety measures taken for Outdoor Guiding? _____

SECTION F – PARTICIPANT OVERVIEW

Describe your age requirement policy: Bouldering: _____ Climbing: _____ Belaying: _____
Describe your methods of screening customers before allowing them to climb? _____

Describe your methods of informing your clientele on the inherent risks of climbing? _____

Describe what you check for during your Belay Test. (IN DETAIL) _____

i. If Belay Test is not passed, when is the client allowed to test again? _____

What type of Belay device is used/allowed? _____

Do you use an Auto Belay device? ____ Yes ____ No If "yes", who manufactured it? _____

How old is the device? _____

Are the Auto Belay cables used in the gym covered or bare? _____

How often are they replaced? _____

11. If Gri-Gris are used/allowed, describe testing measures used: _____

12. If Lead Climbing is allowed, describe your lead test criteria: _____

SECTION G – WAIVER POLICY

Do you require all participants to sign a waiver? ____ Yes ____ No (Please attach a copy of your waiver)

If "no", why not? _____

Who signs waivers on behalf of participants under the age of 18? _____

Describe how you maintain the waiver in your records? _____

5. Was waiver and release form created and/or reviewed by an attorney familiar with local laws? [] yes [] no

6. Name of attorney/legal counsel who reviewed waiver: _____

7. Date waiver last updated: _____

I hereby certify that the above information is true to the best of my knowledge: _____ (Initial Here)

SECTION H – BOULDERING

1. What is the average height of your bouldering surface? _____

2. Are warning posters visible in the bouldering area? ____ Yes ____ No

3. Describe the landing surface in your bouldering area: _____

Before you submit your completed application, did you:

1. **Answer all questions. If a question did not apply, did you mark it "N/A"?**

2. **Attach copies of management resumes**

3. **Attach a loss run/claim history from current and prior carriers**

4. **Attach copies of any company brochures**

5. **Attach a copy of your waiver/release of liability**

6. **Complete the Request for "Certificate of Insurance/Additional Insured Certificate" if needed**

Arkansas, Florida, Kentucky, New Jersey, New York and Pennsylvania

Any person who knowingly provides false information in an application for insurance with the intent to defraud an insurance company or another person, or who conceals any information concerning a material fact for the purpose of misleading, commits a fraudulent act, which is a crime.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance within the department of regulatory agencies.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah

Any person is guilty of workers' compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain workers' compensation insurance coverage, disability compensation, medical benefits, goods, professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises, or material omissions and communicates or causes a communication with another in furtherance of the scheme or artifice.

Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

California

Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

Declaration

I/We hereby declare that the above statements and responses are accurate and true and that I/we have not omitted, misrepresented, or misstated any facts. I/We acknowledge that the statements and responses contained in this application shall become a part of the insurance policy issued by the Company and that any misrepresentation or omission may void such policy.

I/We understand and agree that the completion of this application does not bind the Company to issue, nor me to purchase, a contract of insurance. However, if I/we are issued insurance by the Company and I/we purchase such contract of insurance, I understand and agree that the representations and answers contained herein in this application shall be considered a part of such contract of insurance and shall be as fully a part of such contract as if fully set forth herein. Furthermore, I/we understand and agree that any misrepresentation or omission in this application may void the contract and give the Company a right to rescind the contract, in addition to any other right or remedy the Company may have. I/We understand that the failure to correct a representation on this or any other application, or the failure to disclose a material fact that I/we become aware of subsequent to the completion of this application but prior to the effective date of the policy to which it applies, may void the policy.

I understand this policy does not cover portable walls of any kind.

Applicants Name (Please Print): _____

Applicants Signature: _____

Date: _____

**REQUEST FOR CERTIFICATE OF INSURANCE/
ADDITIONAL INSURED CERTIFICATE**

Named Insured: _____

Address: _____ City: _____ State: _____ Zip: _____

Person Making Request: _____

Phone Number: _____

1. Request is for: Certificate of Insurance Blanket Additional Insured (\$250 charge)

2. Describe your relationship with the entity listed below.

Client Landlord Other: _____

3. Give exact name and address of certificate holder as it should appear on the certificate. This information will also be used to mail the certificate.

Entity: _____

Person's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Date of Event: _____

Signature: _____

Date: _____