



Insured by The CIA

Rock Wall Insurance Application

Proposed Effective date: _____

PLEASE COMPLETE EACH LINE ON FORM

Business Name _____

Type of Business: Check One

☐ Individual

☐ Partnership

☐ Corporation

Contact Name _____

E-mail Address _____

Business phone _____

Fax _____

Cell _____

Do you have a website? Yes _____ No _____ website address: _____

Mailing Address: Street _____

City _____

State _____

Zip _____

Location/storage Address: If different from Mailing Address _____

Federal Employee ID # _____

Year Business Started _____

Detailed description of operations: (Please use additional paper if needed)

Current/Previous Insurance Carrier _____

Policy Number _____

Premium _____

Expiration Date _____

Any claims? ☐ yes ☐ no If yes explain: _____

Any policy declined, cancelled, or non-renewed? ☐ yes ☐ No

City Limits: ☐ Inside

☐ Outside

Property: ☐ Owned

☐ Leased/Rented

Is your wall leased? Yes _____ No _____

Is your wall financed? Yes _____ No _____

Name & Address of Lessor/Landlord: _____

Name & Address of Additional Insured _____

Estimated Annual Gross Receipts \$ _____

107 OLD LAURENS RD SIMPSONVILLE, SC 29681
PHONE: 864-688-0121 FAX: 864-688-0138

***If property coverage is desired then please request Property Application

Climbing Wall Questionnaire

APPLICANT'S NAME _____

WALL INFORMATION

1. Height of wall: _____ feet Width of wall: _____ feet Year constructed: _____
Manufacturer of Wall: _____ Serial Number: _____
How many positions? _____ Auto Belay ☐ Yes ☐ No
2. Was the climbing wall constructed by a contractor who provided you with a certificate of insurance which included products and completed operations coverage? ☐ Yes ☐ No
3. Was the wall constructed following Climbing Wall Industry Group (CWIG) or American Society of Testing and Materials (ASTM) design standards? ☐ Yes ☐ No
4. Is there a minimum of 6 to 12 inches of fall protection beneath the climbing wall out to a distance of 6 to 8 feet? ☐ Yes ☐ No If not what padding do you provide? _____
5. What type of material is used in the landing area?

6. Is a daily inspection of the wall performed and results documented? ☐ Yes ☐ No
7. Is wall maintenance conducted by an independent contractor who provides you with a certificate of insurance? ☐ Yes ☐ No
8. What is the maximum number of people permitted on the wall at any one time? _____
9. Do all climbers have belay experience and/or provided with a spotter? ☐ Yes ☐ No

EQUIPMENT INFORMATION

10. Does all the climbing safety equipment conform to the American Society of testing and Materials (ASTM) and/or the International Association of Alpine Associations (UIAA) standards? ☐ Yes ☐ No
11. Is all climbing safety equipment inspected daily with inspection results documented? ☐ Yes ☐ No
12. Are climbers permitted to climb without harness or safety equipment? ☐ Yes ☐ No
13. Do you rent equipment? ☐ Yes ☐ No
14. Is rental limited to on premises only? ☐ Yes ☐ No
15. Do you have a "pro shop"? ☐ Yes ☐ No

SAFETY AND TRAINING RULES

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16. Are safety rules posted? ☐ Yes ☐ No

17. Is there a documented training program for all wall users which includes:

	Yes	No		Yes	No
Harness and rope procedure?			Rules for climbing wall?		
inspection			Setup and takedown procedures?		
Proper belaying techniques?			Procedures for reporting problems?		
Emergency takedowns?					
Belay device failure or entrapment?					

18. Do you have the participants sign a release of liability or waiver? Yes ☐ No ☐ If so, provide a copy of such waiver.

19. How is the wall secure? _____

20. How are guidelines secured? (Bolts, eyebolts, etc.) _____

21. Are grasps permanently secured on the wall surface? Yes ☐ No ☐
Can they be removed and relocated to provide varied climbing strategies? Yes ☐ No ☐

22. Have they followed the recommended placement of grips by the manufacturer? _____

23. Are the climbing routes designed by the applicant? _____

24. Are minors permitted to use the facility? Yes ☐ No ☐ If yes, under what conditions? _____

25. Minimum age of participants? _____

26. Any outdoor climbing?

STAFF INFORMATION

27. Is a full-time, first-aid or CPR certified staff member always present? ☐ Yes ☐ No

28. Is this full-time staff member certified to belay on the wall and understand the safety rules? ☐ Yes ☐ No

29. Is a full-time staff member positioned to have a clear view of the climbing wall and participants?
☐ Yes ☐ No

30. Do you own or operate any other business? Yes ☐ No ☐ If yes, describe and provide proof of liability coverage for that business operation.

APPLICANT'S SIGNATURE _____ Date _____

Complete your application and mail or fax your application to our address below. Remember that a COMPLETED application will be processed first. Every question is important to the underwriter and must be answered. If it does not apply, say so on the application.

Additional Insured charges vary from policy to policy. Special wording, any modifications to our standard policy and certificate, may incur extra charges. Other entities will have a minimum charge of \$250 per certificate plus we charge \$10 per certificate. Blanket additional insured endorsements may be available. Please remember to leave 5 business days for each request.

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Rock Climbing Facilities Supplemental Application

Applicant: _____
Location of Business: _____

1. What are annual gross sales? \$ _____
2. Who designed the wall? _____
3. Who installed it? _____
4. How is it secured? _____
5. How are guidelines secured? (e.g. Bolts, eyebolts, etc.) _____
6. Has facility been inspected by local governing unit? _____
7. Are grasps permanently secured on the wall surface? _____
8. Can they be removed and relocated to provide varied climbing strategies? _____
9. Are the climbing routes designed by the applicant? _____
10. Have they followed the recommended placement of grips by the manufacturer? _____
11. Is the wall checked at the beginning of each day to insure all grips are secure? _____
12. Are climbers permitted to climb without harness or safety equipment? _____
13. Does the applicant provide climbing instruction? _____
14. What is the floor surface? _____
15. Does the applicant have a "pro shop"? _____
16. Do you rent equipment? _____ If yes, explain: _____
17. Is the rental limited to on premises only? _____
18. Is the equipment checked each day prior to use? _____
19. What is the maximum number of people permitted on the wall at any one time? _____
20. Do all climbers have belay experience and/or provided with a spotter? _____
21. Does the applicant have a waiver/hold harmless signed by all users? _____
22. Are minors permitted to use the facility? _____ If yes, under what conditions? _____
23. Minimum age of participants? _____
24. What is the experience of employees? _____
25. Any outdoor climbing? _____
26. Is this a membership facility? _____

Signature of applicant: _____
Date: _____

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Inland Marine Application

Name Insured: _____ Date: _____

Contact Name: _____

Form of Business: _____ Corporation _____ Partnership _____ Sole Proprietor
Other: _____

Mailing Address: _____
City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Fax (_____) _____
Internet Address (Web Page): _____

Location Address: _____
City: _____ State: _____ Zip Code: _____

Desired effective date: _____ Is this a new business? _____

What states do you operate in? _____

Where is equipment stored? _____

How is the equipment secured? _____

Do you have an alarm? _____ If so, what kind? _____

Is the equipment rented out with operators? _____

Do you use any other equipment not listed below? _____

Additional Interests:

Name: _____
Street: _____
City: _____ State: _____ Zip Code: _____

Interest? _____

Applicant's Signature

FEIN# or Soc. Sec. #

Date

Agency/Producer Signature

Date

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