



ROPES COURSE INSURANCE APPLICATION

page 1

- 1. Complete the enrollment form (all pages) in full by selecting a field with the mouse and by using the tab button.
- 2. Please fill in all the fields with the correct information.
- 3. Mail the completed quote request form to the address listed below.
- 4. You may e-mail this application to apps@coasioinsurance.com.

EXPERIENTIAL SERVICE PROVIDER INSURANCE PROGRAM

1. Name insured _____
2. Mailing Address _____

3. Name of contact person _____ Proposed Effective Date _____
4. Phone number _____ Fax number _____
E-mail Address _____ Website _____
5. Do you provide:

Experiential-Based Programs	<input type="checkbox"/> yes	<input type="checkbox"/> no (If yes, complete sections A & B)
Experiential Instructor Training	<input type="checkbox"/> yes	<input type="checkbox"/> no (If yes, complete sections A, B & C)
Challenge Course Construction and/or Inspections	<input type="checkbox"/> yes	<input type="checkbox"/> no (If yes, complete sections A, B & D)

SECTION A - GENERAL INFORMATION

- 1) Name & Location of Challenge Course _____

- 2) Legal status:

<input type="checkbox"/> individual	<input type="checkbox"/> partnership	<input type="checkbox"/> corporation	<input type="checkbox"/> joint venture
<input type="checkbox"/> for profit	<input type="checkbox"/> non-profit	<input type="checkbox"/> tax exempt	<input type="checkbox"/> other

 Year in Business _____ Years under present management _____
- 3) Coverage requested: business auto general comprehensive liability
- 4) Deductible requested: \$1,000 \$2,500 \$5,000
- 5) Date of last ropes course inspection by professional firm _____
- 6) Name of Firm _____
- 7) Name of Accident Medical Insurance Provider _____
- 8) Membership Status with the Association of Challenge Technology:

Level 1 Associate Member of ACCT	<input type="checkbox"/> yes	<input type="checkbox"/> no
Level 2 Institutional Member of ACCT	<input type="checkbox"/> yes	<input type="checkbox"/> no
Level 3 Professional Vendor Member	<input type="checkbox"/> yes	<input type="checkbox"/> no
Level 4 Professional Vendor Member	<input type="checkbox"/> yes	<input type="checkbox"/> no

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page 1

ROPES COURSE INSURANCE APPLICATION

page 2

SECTION B - EXPERIENTIAL SERVICE PROVIDERS

- 1) Total anticipated number of participant days per year _____
 Anticipated Receipts _____
 For Example: 2 day event/program with 15 participants would be calculated as 30 participant days.)
- 2) Types of services provided (indicate # of participant days in each activity per year):

<input type="checkbox"/> challenge/ropes course _____	<input type="checkbox"/> backpacking _____	<input type="checkbox"/> orienteering _____
<input type="checkbox"/> lodging _____	<input type="checkbox"/> portable elements _____	<input type="checkbox"/> rock climbing _____
<input type="checkbox"/> cross country skiing _____	<input type="checkbox"/> indoor / classroom work _____	<input type="checkbox"/> rappelling _____
<input type="checkbox"/> flatwater canoe / kayak _____	<input type="checkbox"/> environmental education _____	<input type="checkbox"/> caving _____
<input type="checkbox"/> open water canoe / kayak _____	<input type="checkbox"/> other _____	

Are you requesting coverage for:

challenge course only all activities listed above (Complete supplemental application.)
- 3) Do you own your program sites? yes no
 If no, explain _____
- 4) Participant demographics (indicate approximate % of each per year):

youth (under 18)	school groups _____	campers _____	youth at risk _____
adults (age 18+)	therapeutic _____	disabled _____	

other (explain) _____

Are staff presently covered by workers compensation insurance? yes no

a) Policy carrier _____

b) Policy number _____ Policy period _____
- 8) Do you allow other organizations to use or rent your facilities? yes no
 If so, explain _____
 Total Gross Receipts from Course Rental \$ _____
 Do you require certificates of insurance naming you as additional insured? yes no

SECTION C - EXPERIENTIAL INSTRUCTOR TRAINING PROVIDERS

- 1) Number of instructors trained per year (NOT your own employees) _____
- 2) List activities or subjects for which you offer training _____
- 3) Do you adhere to ACCT standards for Challenge Course training? yes no
- 4) Do you adhere to AEE or ACA standards for all other training? yes no
- 5) Do you offer a verification for successful training completion yes no
- 6) Do you sub-contract any training to other individuals or organizations? yes no

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ROPES COURSE INSURANCE APPLICATION

page 3

SECTION D - CHALLENGE COURSE BUILDERS, INSPECTORS, SITE/COURSE ACCREDITATION/CERTIFICATION

- 1) Yearly construction payroll/repair payroll and/or inspections payroll/repair/inspections _____
 - 2) Yearly Payroll for Site/Course Accreditation/Certification _____
 - 3) Estimated number of courses built per year _____
 - 4) Estimated number of courses repaired/upgraded per year _____
 - 5) Estimated number of safety inspections completed per year _____
 - 6) Do you adhere to ACCT standards? yes no
 - 7) Do you sub-contract any construction/repair/inspections to other individuals or organizations?
yes no
 - 8) Other than standard construction of ropes courses, do you manufacture
or market any other products? yes no
 - a) If yes, please explain _____
 - b) What are your annual gross sales of these products? _____
- Please attach additional explanation if necessary and attach brochures.

EXPERIENTIAL SERVICE PROVIDERS INSURANCE PROGRAM SUPPLEMENTAL APPLICATION

- 1) **Open Water Canoe/Kayak:** Description of Activities (Include Who, When, Where, How Often, and Class of Water)

List Instructor Qualifications: _____
- 2) **Backpacking:** Description of Activities (Include When, Where, How Often, and Who) **Overnight?** Yes No

List Instructor Qualifications: _____
- 3) **Cross Country Skiing:** Description of Activities (Include When, Where, How Often, and Who)

List Instructor Qualifications: _____

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COSSIO INSURANCE AGENCY

ROPES COURSE INSURANCE APPLICATION

page 4

4) **Caving:** Description of Activities (Include When, Where, How Often, and Who)

List Instructor Qualifications: _____

5) **Rock Climbing:** Description of Activities (Include When, Where, How Often,Who, and Ratio)

Natural Rock Face? Yes No

List Instructor Qualifications: _____

6) **Orienteering:** Description of Activities (Include When, Where, How Often, and Who)

List Instructor Qualifications: _____

5) **Rappelling:** Description of Activities (Include When, Where, How Often,Who, and Ratio)

Top Roped? Yes No

List Instructor Qualifications: _____

REQUEST FOR CERTIFICATE OF INSURANCE/ ADDITIONAL INSURED CERTIFICATE

Named Insured: _____

Address: _____ City: _____

State: _____ Zip: _____

Person Making Request: _____

Phone Number: _____

- 1) Request is for:
- | | | |
|--|---|---|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Certificate of Insurance | <input type="checkbox"/> Additional Insured (\$50 charge) |
| <input type="checkbox"/> Workers' Comp | <input type="checkbox"/> Commercial Auto | <input type="checkbox"/> Umbrella |
| | <input type="checkbox"/> Waiver of Subrogation (\$250 charge) | |

2) Describe your relationship with the entity listed below.

Client Landlord Other: _____

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COSSIO INSURANCE AGENCY

ROPES COURSE INSURANCE APPLICATION

page 5

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: _____

HIRED AUTO COVERAGE

- 1) Why is hired auto coverage being requested? _____

- 2) Types of autos hired: _____
 How are they used? _____
 What is the gross vehicle weight of commercial autos? _____
 What is the passenger capabilities of public autos? _____
- 3) Does the applicant have a commercial policy? _____
- 4) Does any agent, independent contract, subcontractor, or employee rent autos in the applicant's name?
 yes no
 If yes, please explain. _____
- 5) Estimated cost of rented vehicles: This year: \$ _____ Last year: \$ _____ Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos? yes no
 If yes, please explain. _____
- 6) Are drivers to be provided by the applicant to operate hired autos? yes no
 If no, will the drivers be required to provide Certificates of Insurance? yes no
 What are the minimum liability limits required by the lessee(applicant): _____
- 7) Will the applicant be named as an additional insured on the lessor's policy? yes no
- 8) Does the applicant own or control any subsidiary or is it affiliated with any other corporation? _____
- 9) What is the business of the subsidiary or affiliate? _____

NON-OWNED AUTO COVERAGE

1. Why is non-ownership liability coverage being requested? _____

2. What types of non-owned autos will be used in the applicant's business? _____

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ROPES COURSE INSURANCE APPLICATION

page 6

- 3. How often are non-owned autos used in the applicant's business? ____ Daily ____ Weekly ____ Monthly
Estimated hours per month: _____
- 4. What is the estimated annual mileage for use of all non-owned autos? _____ Miles.
- 5. What is the maximum distance which a non-owned auto may be driven from the applicant's premises?
_____ Miles.
- 6. Total number of non-owned autos used in the applicant's business: _____
- 7. Total number of employees: _____
- 8. Total number of officers and partners: _____
- 9. If a social service operations, indicate total number of volunteers furnishing autos in the applicant's operation: _____ Maximim number of volunteers at any one time: _____
- 10. Does the applicant require employees and volunteers to have their own insurance?
yes no If yes, what are the minimum limits required? _____
- 11. Will the applicant use non-owned autos other than those owned by employees?
yes no If yes, please describe relationship: _____
- 13. Does the applicant understand that we intend to audit his/her records regarding the cost of hire and/or nonowned exposures? yes no

The following information must MUST be included with the signed application, to be accepted:

- 1) Copies of all staff adventure course training certificates and/ or resumes for key personnel
- 2) Copy of course inspection conducted within the past 12 months by a professional firm
- 3) Company Brochures
- 4) Attach list of entities needing certificate of insurance, including additional insureds. (State nature of relationship.)

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

As a condition of coverage under this policy, the Insured represents that all Challenge Course operations are conducted in compliance with the applicable operational standards of the Association of Challenge Course Technology (A.C.C.T.).

Signature: _____ Date: _____

NOTE: Click the Save button and save this document in your documents file folder. Make sure that all the information you have entered is correct and then e-mail this application to apps@coasioinsurance.com

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page 6