



ROPES COURSE INSURANCE APPLICATION

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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 ☐yes ☐no (If yes, complete sections A & B)
Experiential Instructor Training ☐yes ☐no (If yes, complete sections A, B & C)
Challenge Course Construction and/or Inspections ☐yes ☐no (If yes, complete sections A, B & D)

SECTION A - GENERAL INFORMATION

- 1) Name & Location of Challenge Course
- 2) Legal status:
☐individual ☐partnership ☐corporation ☐joint venture
☐for profit ☐non-profit ☐tax exempt ☐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 ☐yes ☐no
Level 2 Institutional Member of ACCT ☐yes ☐no
Level 3 Professional Vendor Member ☐yes ☐no
Level 4 Professional Vendor Member ☐yes ☐no

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

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 <input type="text"/>	campers <input type="text"/>	youth at risk <input type="text"/>
adults (age 18+)	therapeutic <input type="text"/>	disabled <input type="text"/>	

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

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:

- 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:

- 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? _____

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 officer 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@cossioinsurance.com**

Save

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