



COSSIO INSURANCE AGENCY

ROCK WALL INSURANCE APPLICATION

PO Box 188
Simpsonville, SC 29681
Phone: (864) 688-0121
Fax: (864) 688-0138
www.cossioinsurance.com

Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to the e-mail address listed below.

Business Name: _____

Type of Business: ☐ individual ☐ partnership ☐ corporation

Contact Name: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Location/storage Address: _____

City: _____ State: _____ Zip code: _____

Federal Employee ID#: _____ Year started: _____

Detailed description of operations: _____

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 of Lessor/Landlord: _____

Address of Lessor/Landlord: _____

City: _____ State: _____ Zip code: _____

Name of Lessor/Landlord: _____

Address of Lessor/Landlord: _____

City: _____ State: _____ Zip code: _____

Estimated Annual Gross Receipts \$ _____

If property coverage is desired then please request Property Application.

CLIMBING WALL QUESTIONNAIRE

Applicant's Name: _____

WALL INFORMATION

Height of wall: _____(feet) Width of wall: _____(feet) Year constructed: _____

Manufacturer of Wall: _____ Serial Number: _____

How many positions? _____ Auto Belay? ☐yes ☐no

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

Was the wall constructed following Climbing Wall Industry Group (CWIG) or American Society of Testing and Materials (ASTM) design standards? ☐yes ☐no

Is there a minimum of 6 to 12 inches of fall protection beneath the climbing wall out to a distance of 6-8 feet? ☐yes ☐no If not what padding do you provide? _____

What type of material used in landing area? _____

Is a daily inspection of the wall performed and results documented? ☐yes ☐no

Is wall maintenance conducted by an independent contractor who provides you with a certificate of insurance? ☐yes ☐no

What is the maximum number of people permitted on the wall at any one time? _____

Do all climbers have belay experience and/or provided with a spotter? ☐yes ☐no

EQUIPMENT INFORMATION

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

Is all climbing safety equipment inspected daily with inspection results documented? ☐yes ☐no

Are climbers permitted to climb without harness or safety equipment? ☐yes ☐no

Do you rent equipment? ☐yes ☐no Is rental limited to on premises only? ☐yes ☐no

Do you have a "pro shop? ☐yes ☐no

SAFETY AND TRAINING RULES

Are safety rules posted? ☐yes ☐no

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

	YES	NO
Harness and rope inspection procedure?		
Proper belaying techniques?		
Emergency takedowns?		



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	YES	NO
Belay device failure or entrapment?		
Rules for Climbing Wall?		
Setup and takedown procedures?		
Procedures for reporting problems?		

Do you have the participants sign a release of liability or waiver? ☐ yes ☐ no

If so, provide a copy of such waiver.

How is the wall secured?: _____

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

Are grasps permanently secured on the wall surface?: ☐ yes ☐ no

Can they be removed and relocated to provide varied climbing strategies? ☐ yes ☐ no

Have they followed the recommended placement of grips by manufacturer? ☐ yes ☐ no

Are the climbing routes designed by the applicant? ☐ yes ☐ no

Are minors permitted to use the facility? ☐ yes ☐ no

If yes, under what conditions?: _____

Minimum age or participants?: _____

Any outdoor climbing?: _____

STAFF INFORMATION

Is a full-time, first-aid or CPR certified staff member always present? ☐ yes ☐ no

Is this full-time staff member certified to belay on the wall and understand the safety rules? ☐ yes ☐ no

Is a full-time staff member positioned to have a clear view of the climbing wall and participants? ☐ yes ☐ no

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 Insureds

SUBMIT

City and State entities will be added at no charge. 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.