

ROCK WALL APPLICATION

ATTENTION AGENTS: This form is only to obtain information from the customer. You must still fill out an application on our website. Please do not email us this application, we will not accept any pdf applications from brokers. Thank you.

POLICY RECOMMENDATIONS (Please check any you are interested in)

General Liability <input type="checkbox"/>	Accident Medical <input type="checkbox"/>	Earthquake <input type="checkbox"/>
Inland Marine <input type="checkbox"/>	Workers Compensation <input type="checkbox"/>	Commercial Auto <input type="checkbox"/>
EPLI <input type="checkbox"/>	Flood <input type="checkbox"/>	Hired & Non-Owned Auto <input type="checkbox"/>
Umbrella <input type="checkbox"/>	Abuse / Molestation <input type="checkbox"/>	Cyber Liability <input type="checkbox"/>

Section 1: GENERAL INFORMATION

1. How did you hear about us?		
2. Business Name:		FEIN/SS#:
3. Type of Business: (please select) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
4. Contact Name:		Birth Date:
Phone:	Fax:	
Email Address:	Website:	
4. Mailing Address:		
City:	State:	Zip:
5. Location/storage Address:		
City:	State:	Zip:
6. Year Business Started:		
7. Detailed description of operations:		

Section 2: INSURANCE INFORMATION

1. Current/Previous Insurance Carrier:		
Policy Number:	Premium:	Expiration Date:
Any Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:		
Any policy declined, cancelled, or non-renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. City Limits: <input type="checkbox"/> Inside <input type="checkbox"/> Outside	Property: <input type="checkbox"/> Owned <input type="checkbox"/> Leased/Rented	
Is your wall leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your wall financed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2: INSURANCE INFORMATION (Continued)

3. Name of Lessor/Landlord:		
Address of Lessor/Landlord:		
City:	State:	Zip:
4. Name of Lessor/Landlord:		
Address of Lessor/Landlord:		
City:	State:	Zip:
5. Estimated Annual Gross Receipts \$		

If property coverage is desired then please request Property Application.

Section 3: CLIMBING WALL QUESTIONNAIRE

1. Applicant's Name:		
2. WALL INFORMATION	Height of Wall: (feet)	Width of Wall: (feet)
Year Constructed:	Manufacturer of Wall:	Serial Number:
3. Is the rockwall indoors or outdoors? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		
4. How many positions?	Auto Belay? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Was the climbing wall constructed by a contractor who provided you with a certificate of insurance which included products and completed operations coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Was the wall constructed following Climbing Wall Industry Group (CWIG) or American Society of Testing and Materials (ASTM) design standards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Is there a minimum of 6 to 12 inches of fall protection beneath the climbing wall out to a distance of 6-8 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No If not what padding do you provide?		
8. What type of material used in landing area?		
9. Is a daily inspection of the wall performed and results documented? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Is wall maintenance conducted by an independent contractor who provides you with a certificate of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. What is the maximum number of people permitted on the wall at any one time?		
12. Do all climbers have belay experience and/or provided with a spotter? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 4: EQUIPMENT INFORMATION

1. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Is all climbing safety equipment inspected daily with inspection results documented? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Are climbers permitted to climb without harness or safety equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Do you rent equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is rental limited to on premises only? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do you have a "pro shop? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 5: SAFETY & TRAINING RULES

1. Are safety rules posted? Yes No

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

Harness and rope inspection procedure? Yes No

Proper belaying techniques? Yes No | Emergency takedowns? Yes No

Belay device failure or entrapment? Yes No | Rules for Climbing Wall? Yes No

Setup and takedown procedures? Yes No

Procedures for reporting problems? Yes No

3. Do you have the participants sign a release of liability or waiver? Yes No If yes, Please attach

4. How is the wall secured?

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

6. Are grasps permanently secured on the wall surface? Yes No

Can they be removed and relocated to provide varied climbing strategies? Yes No

Are grasps permanently secured on the wall surface? Yes No

Have they followed the recommended placement of grips by manufacturer? Yes No

Are the climbing routes designed by the applicant? Yes No

7. Minimum age or participants? | Are minors permitted to use the facility? Yes No

If yes, under what conditions?

Is the rockwall supervised at all times? Yes No | Any outdoor climbing? Yes No

8. Is there a formal maintenance checklist program? Yes No

9. Is there a formal employee safety training program? Yes No

10. Is the tool loop cut off from the safety harness? Yes No

11. When the rockwall is not in use, how and where do you store it?

12. Is the rockwall manual or auto belay? Manual Auto

13. How often are the cables replaced?

Section 6: STAFF INFORMATION

1. 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

2. Is a full-time staff member positioned to have a clear view of the climbing wall and participants?

Yes No Minimum age of employees:

3. Do you own or operate any other business? Yes No

If yes, describe and provide proof of liability coverage for that business operation.

Section 13: WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Section 14: SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

Additional Insureds 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.

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.

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FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: 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.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date:

SAVE APPLICATION