



## ROPES COURSE APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.  
2. Please fill in all the fields with the correct information.  
3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

### POLICY RECOMMENDATIONS (Please check any you are interested in)

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

### EXPERIENTIAL SERVICE PROVIDER INSURANCE PROGRAM

How did you hear about us?

Name insured:

Birth Date:

FEIN/SS:

Mailing Address:

City:

State:

Zip:

Name of contact person:

Proposed Effective Date:

Phone number:

Fax number:

E-mail Address:

Website:

Do you provide:

Experiential-Based Programs ☐ Yes ☐ No (If yes, complete sections 1 & 2)

Experiential Instructor Training ☐ Yes ☐ No (If yes, complete sections 1, 2 & 3)

Challenge Course Construction and/or Inspections ☐ Yes ☐ No (If yes, complete sections 1, 2 & 4)

### Section 1: GENERAL INFORMATION

Name of Challenge Course:

Location:

City:

State:

Legal status: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture

☐ For profit ☐ Non-profit ☐ Tax exempt ☐ Other

Year in Business:

Years under present management:

Coverage requested ☐ Business Auto ☐ General Comprehensive Liability

Deductible requested ☐ \$1,000 ☐ \$2,500 ☐ \$5,000

Date of last ropes course inspection by professional firm:

Name of Firm:

Name of Accident Medical Insurance Provider:

## Section 2: General Information (continued)

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

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.)*

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.)

Do you own your program sites? ☐ Yes ☐ No If no, explain below:

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

Policy Carrier:

Policy Number:

Policy Period:

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

Total number of employees/workers/volunteers:

Number of instructors trained per year (NOT your own employees):

## Section 4: CHALLENGE COURSE BUILDERS, INSPECTORS, SITE/COURSE, CERTIFICATION

List activities or subjects for which you offer training:

Do you adhere to ACCT standards for Challenge Course training? ☐ Yes ☐ No

Do you adhere to AEE or ACA standards for all other training? ☐ Yes ☐ No

Do you offer a verification for successful training completion? ☐ Yes ☐ No

Do you sub-contract any training to other individuals or organizations? ☐ Yes ☐ No

Yearly construction payroll/repair payroll and/or inspections payroll/repair/inspections:

Yearly Payroll for Site/Course Accreditation/Certification:

Estimated number of courses built per year:

Estimated number of courses repaired/upgraded per year:

Estimated number of safety inspections completed per year:

Do you adhere to ACCT standards? ☐ Yes ☐ No

Do you sub-contract any construction/repair/inspections to other individuals or organizations?  
☐ Yes ☐ No

Other than standard construction of ropes courses, do you manufacture or market any other products?  
☐ Yes ☐ No

If yes, please explain:

What are your annual gross sales of these products?

Please attach additional explanation if necessary and attach brochures.

## Section 5: SUPPLEMENTAL APPLICATION

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

List Instructor Qualifications:

Backpacking: *Description of Activities (Include When, Where, How Often, and Who)* Overnight? ☐ Yes ☐ No

List Instructor Qualifications:



## ROPES COURSE APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-688-0138 • PO Box 188 Simpsonville SC 29681

### Section 5: SUPPLEMENTAL APPLICATION (Continued)

Cross Country Skiing: *Description of Activities (Include When, Where, How Often, and Who)*

List Instructor Qualifications:

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

List Instructor Qualifications:

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

Natural Rock Face? ☐ Yes ☐ No

List Instructor Qualifications:

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

List Instructor Qualifications:

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

Top Roped? ☐ Yes ☐ No

List Instructor Qualifications:

### Section 6: REQUEST FOR CERTIFICATE OF INSURANCE

Named Insured:

Address:

City:

State:

Zip:

Person Making Request:

Phone Number:

Request is for: ☐ Certificate of Insurance ☐ Additional Insured (\$50 charge) ☐ Umbrella  
☐ General Liability ☐ Commercial Auto ☐ Workers' Comp  
☐ Waiver of Subrogation (\$250 charge)



## ROPES COURSE APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

### Section 6: REQUEST FOR CERTIFICATE OF INSURANCE (Continued)

Describe your relationship with the entity. ☐ Client ☐ Landlord ☐ Other:

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:

### Section 7: HIRED AUTO COVERAGE

Why is hired auto coverage being requested?

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?

Does the applicant have a commercial policy?

Does any agent, independent contract, subcontractor, or employee rent autos in the applicant's name?

☐ Yes ☐ No If yes please explain below.

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 below.

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

## Section 7: HIRED AUTO COVERAGE

What are the minimum liability limits required by the lessee(applicant):

Will the applicant be named as an additional insured on the lessor's policy? ☐ Yes ☐ No

Does the applicant own or control any subsidiary or is it affiliated with any other corporation?

What is the business of the subsidiary or affiliate?

## Section 8: NON-OWNED AUTO COVERAGE

Why is non-ownership liability coverage being requested?

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

How often are non-owned autos used in the applicant's business? Daily: Weekly: Monthly:

Estimated hours per month:

What is the estimated annual mileage for use of all non-owned autos? Miles

What is the maximum distance which a non-owned auto may be driven from the applicant's premises?  
Miles

Total number of non-owned autos used in the applicant's business:

Total number of employees:

Total number of officers and partners:

If a social service operations, indicate total number of volunteers furnishing autos in the applicant's operation: Maximum number of volunteers at any one time:

Does the applicant require employees and volunteers to have their own insurance? ☐ Yes ☐ No

If yes, what are the minimum limits required?

Will the applicant use non-owned autos other than those owned by employees? ☐ Yes ☐ No

If yes, please describe relationship:

Does the applicant understand that we intend to audit his/her records regarding the cost of hire and/or non-owned exposures? ☐ Yes ☐ No



Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

### CYBER LIABILITY

1. Do you process payment cards? ☐ Yes ☐ No

2. Estimated annual number of payment card transactions

### 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.

### SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

***We must receive a copy of these documents with your application:***

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.)



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 FLORDIA:** 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