



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

COMMERICAL LIABILITY SECTION

LIMITS

GENERAL AGGREGATE	\$		EMPLOYEE BENEFITS LIABILITY	\$	
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$		DEDUCTIBLE PER CLAIM:	\$	
PERSONAL & ADVERTISING INJURY	\$		RETROACTIVE DATE:		
EACH OCCURRENCE	\$		NUMBER OF EMPLOYEES:		
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$				
MEDICAL EXPENSE (ANY ONE PERSON)	\$				

6. Does applicant subcontract work? Yes No

If so, state type: _____

What is the cost (labor & materials) of subcontracted work? \$ _____

Are Certificates of Insurance required from all subcontractors? Yes No

7. Description of Exposures:

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE								
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">RATING AND PREMIUM BASIS</td> <td style="border: none;">(P) PAYROLL – PER \$1,000 / PAY (exclude owners & clerical)</td> <td style="border: none;">(C) TOTAL COST – PER \$1,000 / COST</td> <td style="border: none;">(U) UNIT – PER UNIT</td> </tr> <tr> <td style="border: none;">(S) GROSS SALES – PER \$1,000 / SALES</td> <td style="border: none;">(A) AREA – PER 1,000 / SQ FT</td> <td style="border: none;">(M) ADMISSIONS – PER 1,000 / ADM</td> <td style="border: none;">(T) OTHER</td> </tr> </table>					RATING AND PREMIUM BASIS	(P) PAYROLL – PER \$1,000 / PAY (exclude owners & clerical)	(C) TOTAL COST – PER \$1,000 / COST	(U) UNIT – PER UNIT	(S) GROSS SALES – PER \$1,000 / SALES	(A) AREA – PER 1,000 / SQ FT	(M) ADMISSIONS – PER 1,000 / ADM	(T) OTHER
RATING AND PREMIUM BASIS	(P) PAYROLL – PER \$1,000 / PAY (exclude owners & clerical)	(C) TOTAL COST – PER \$1,000 / COST	(U) UNIT – PER UNIT									
(S) GROSS SALES – PER \$1,000 / SALES	(A) AREA – PER 1,000 / SQ FT	(M) ADMISSIONS – PER 1,000 / ADM	(T) OTHER									

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				
INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				



Climbing Wall Questionnaire
(Climbing, Tread, and Bouldering)

Name of Applicant: _____

Web site Address: _____

WALL INFORMATION

1. Type of Wall: Climbing Tread Bouldering
2. Height of wall: _____ feet Width of wall: _____ feet Year constructed: _____
3. Any portable walls utilized? Yes No
4. Any portable walls rented to others? Yes No
5. Was the wall constructed by a contractor who provided you with a certificate of insurance which included completed operations coverage? Yes No
6. Was the wall constructed following Climbing Wall Industry Group (CWIG) or American Society of Testing and Materials (ASTM) design standards? Yes No
7. Is there a minimum of 6 to 12 inches of fall protection beneath the wall out to a distance of 6 to 8 feet? Yes No
8. What type of material is used in the landing area? _____
9. What is the maximum number of people on the wall at any one time? _____
10. Is there a line painted on the wall indicating the maximum height of the free climb zone? Yes No
If yes, height of line: _____ feet
11. Are grasps permanently secured on the wall? Yes No
If no, are they only removed and relocated by employees? Yes No
12. Number of auto-belay devices? _____
13. Number of top rope courses? _____
14. Is a daily inspection of the wall performed and results documented? Yes No
15. Is wall maintenance conducted by an independent contractor who provides you with a certificate of insurance? Yes No
16. Any outdoor climbing? Yes No
If yes, provide details: _____

EQUIPMENT INFORMATION

- 17. 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
- 18. Is all climbing safety equipment inspected daily with inspection results documented? Yes No
- 19. Do you rent any equipment? Yes No
If yes, provide details: _____
- 20. Do you sell any equipment? Yes No
If yes, provide details: _____

SAFETY AND TRAINING RULES

- 21. Are safety rules posted? Yes No
- 22. Are climbers required to watch a training video prior to first climb? Yes No
- 23. Are climbing classes offered? Yes No
- 24. Is there a method to identify approved users prior to their use of the wall? Yes No
- 25. Is there a documented training program for all wall users, which includes:

	Yes	No		Yes	No
Harness and rope inspection procedure?	<input type="checkbox"/>	<input type="checkbox"/>	Rules for climbing, tread, bouldering wall(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Proper belaying techniques?	<input type="checkbox"/>	<input type="checkbox"/>	Setup and takedown procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Emergency takedowns?	<input type="checkbox"/>	<input type="checkbox"/>	Procedures for reporting problems?	<input type="checkbox"/>	<input type="checkbox"/>
Belay device failure or entrapment?	<input type="checkbox"/>	<input type="checkbox"/>			

STAFF INFORMATION

- 26. Is a full-time, first-aid or CPR certified staff member always present? Yes No
- 27. Is this full-time staff member certified to belay on the wall and understand the safety rules? Yes No
- 28. Is a full-time staff member positioned to have a clear view of the wall and participants? Yes No

MEMBERS

- 29. Do membership agreements contain a hold harmless clause (Liability Waiver) and require signature indicating acceptance? Yes No
- 30. Are minors permitted to use the facility? Yes No
- 31. Minimum age of participants? Yes No

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____