



CLIMBING GYMS INSURANCE APPLICATION

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response on an additional sheet and attach it to this application. Once you have completed the form please return directly to your insurance broker.

SECTION 1: COMPANY DETAILS

1. Please complete the following:
 Name of Insured as it is to appear on policy: _____
 Doing Business As (DBA): _____
 Mailing Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email: _____ Website: _____
2. Physical Address: _____
 City: _____ State: _____ Zip: _____
3. Name of Owner or Insurance Contact: _____
4. Legal Status: Individual Partnership Corporation Joint Venture Other: _____
5. Number of Business Locations (if more than one, please list): _____

6. Federal Tax ID Number: _____ Number of years in business: _____
7. Are you a member of any climbing industry associations? Yes No
 If yes, please list: _____
8. Total experience in this type of business: _____ years
9. Please state the number of employees: Full-time: _____ Part-time: _____
10. Is your company business registered with the Secretary of State in your state or do you have a license to practice business in your state? Yes No

SECTION 2: INSURANCE INFORMATION

1. Limits of Liability requested: \$ _____ / \$ _____
 Deductible: \$ _____
The company does not guarantee to offer any of the above limits and/or deductibles.
2. Do you currently have liability insurance? Yes No
 Insurance Company: _____
 Limits of Liability: \$ _____ Deductible/SIR: \$ _____



Expiring Premium: \$ _____ Expiration Date: _____

Retroactive Date/Prior Acts Date (if applicable): _____

- 3. Has any insurer declined, cancelled or nonrenewed any product liability insurance or any similar insurance on behalf of any person(s) or organization(s) proposed for this insurance? Yes No

If yes, please provide details: _____

SECTION 3: CLAIMS HISTORY

- 1. Has any liability claim been made against any person(s) or organization(s) proposed for this insurance during the last 5 years? Yes No

If yes, please complete the following for the previous five (5) years, including for any predecessor. Attach a description of any loss greater than \$10,000 total incurred.

Describe Claim	Amount Paid	Date of Loss

Please attach a copy of Loss Runs from current/prior insurance carriers.

SECTION 4: FACILITY OVERVIEW

- 1. Locations(s) or types of venues where you conduct operations (Check all that apply):

- Amusement Park Outside
- Camp Recreation Center
- Climbing Gym Retail Store
- College/University School (K-12)
- Fitness Club Other: _____
- Outdoor Education Center

- 2. Climbing Gym Activities (Provide Gross Revenue):

What percentage of your clientele climb in the bouldering area? _____%

- Climbing Wall: \$ _____ Sponsored Special Events or Competitions: \$ _____
- Pro Shop: \$ _____ Outdoor Guiding or Climbing: \$ _____
- Equip. Rental: \$ _____ Portable Wall: \$ _____
- Locker Room: \$ _____ Tread Wall: \$ _____
- Swimming Pool: \$ _____ Health & Fitness Club: \$ _____
- Snack Bar: \$ _____ Auto Belay Devices: \$ _____
- Other: _____ : \$ _____



3. Land-Based Activities (outside of the gym, Provide Gross Revenue):

Please list any activities that your company may provide outside fo the gym.

- a. _____ Revenue: \$ _____
- b. _____ Revenue: \$ _____
- c. _____ Revenue: \$ _____
- d. _____ Revenue: \$ _____

4. Water-Based Activities (Provide Gross Revenue):

Please list any activities that are water based. (Water-based activities are excluded unless specifically stated)

- a. _____
- b. _____
- c. _____

5. Who built your gym? _____

6. When was it built? _____ Was gym built to industry standards? Yes No

7. Do you follow industry best practices? Yes No

8. Describe the flooring system in your gym: _____

9. When was your flooring last updated? _____

10. What I your staff to class participant ratio? _____

11. Do you have a program in place for training staff in all relevant aspects of your facility's operations? Yes No

12. How often does your organization provide regular, scheduled, ongoing staff training? _____

13. Please list topics covered in your staff training: _____

14. Please provide copies of your employee training and operations policy and procedures manuals.

15. Do you have emergency protocols and procedures in place in the event of an accident, injury, or illness? Yes No

If yes, please briefly describe your procedures: _____

16. Describe where warning, Climb Smart!™, Rules, and any other similar posters are placed in the gym: _____

17. Describe your company policy regarding the monitoring of your walls/climbers during gym hours: _____

18. Does your organization have an inspection policy and/or practices in place for all critical safety equipment? Yes No

19. Describe your Equipment Check policy for walls, hardware, and rental gear: (how often checks are done, are records kept, etc.): _____

20. Are climbers allowed to use personal equipment? Yes No

21. Do you reserve the right to disallow the use of personal equipment? Yes No

If yes, under what circumstances? _____



SECTION 5: GUIDING

- 1. Do you offer any outdoor guide trips overnight? Yes No
- 2. If yes, provide details: _____
- 3. How many days a year do you offer outdoor guiding? _____
- 4. Where is the outdoor guiding activity held? _____
- 5. How far is the closest medical response facility while guiding? _____
- 6. Are all participants required to sign a waiver for outdoor guiding? Yes No
- 7. List any other applicable safety measures taken for outdoor guiding? _____
- 8. Who leads your outdoor guiding? _____
- 9. What is your staff to participant ratio? _____
- 10. Are your staff certified in CPR/First Aid? Yes No

SECTION 6: BOULDERING

- 1. Do you provide an orientation specific to bouldering before a participant climbs? Yes No
- 2. What is the average height of your bouldering walls? _____
- 3. What are the max heights of your bouldering walls? _____
- 4. Is a spotter required while bouldering? Yes No
- 5. Do you allow top out bouldering? Yes No
- 6. Are warning posters visible in the bouldering area? Yes No
- 7. What is the primary bouldering flooring thickness? _____
- 8. Describe the supplemental padding used in bouldering area: _____

SECTION 7: PARTICIPANT OVERVIEW

- 1. List your minimum age requirement:
Bouldering: _____ Roped/Wall Climbing: _____ Belaying: _____
- 2. Do you obtain a signed "Checklist" outlining what the participant has been taught upon arriving at the gym before allowing them to participate? Yes No
- 3. If no, why not? _____
- 4. Describe, in detail, what you check for during your Belay Test: _____
- 5. If Belay Test is not passed, when is the client allowed to test again? _____
- 6. What type of belay device is used/allowed? _____
- 7. Do you use an auto belay device? Yes No
If yes, who manufactured it? _____
- 8. How old is the device? _____
- 9. Do you provide an auto belay orientation? Yes No



- 10. If no, why not? _____
- 11. Do you have signage and/or a monitoring system to remind climbers to clip into the auto belay prior to climbing? Yes No
- 12. Have your auto belay devices been inspected and serviced according to the manufacturer's recommended schedule? Yes No
- 13. If Gri-Gris, Cinch, or similar devices are used/allowed, describe testing measures used: _____
- 14. If lead climbing is allowed, describe your lead test criteria: _____

SECTION 8: WAIVER POLICIES

- 1. Do you obtain a signed participation agreement with an acknowledgement and assumption of risk clause, and a waiver of future claims for all participants? Yes No
If no, why not? _____
- 2. Please attach a copy of your waiver.
- 3. Does the waiver state a specific timeframe for which it is valid? Yes No
If yes, how long? _____
- 4. Who signs waivers and/or assumptions of risk forms on behalf of participants under the age of 18? _____
- 5. Describe how you maintain the form in your records: _____
- 6. Was waiver and release form created and/or reviewed by an attorney licensed in your jurisdiction? Yes No
Name of attorney/legal counsel who reviewed and approved waiver: _____
- 7. Date waiver last updated: _____

SECTION 9: INDEPENDENT CONTRACTORS AND ROUTE SETTERS

- 1. How many route setters do you have? _____
- 2. Do you use independent contractors to install, service, or inspect climbing structures? Yes No
If yes, do you require proof of professional liability insurance? Yes No
If no, why not? _____
- 3. Do you use independent contractors to perform route setting on a climbing structure? Yes No
If yes, how many? _____

SECTION 10: WARRANTIES

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

Please remember that we need the following, if they are applicable:

- 1. Attach copies of management resumes
- 2. Attach a loss run/claim history from current and prior carriers
- 3. Attach a copy of your Participation Agreement (Waiver)
- 4. Attach Proof of Climbing Wall Association Membership



5. Complete the Request for "Certificate of Insurance/Additional Insured Certificate" if needed
6. Attach a copy of your "Orientation Checklist"
7. Copy of Policy and Procedure Manual
8. Copy of Employee Handbook

No fact, circumstance or situation indicating the probability of a Claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there is knowledge of any such fact, circumstance or situation, any Claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

For the purpose of this application, the undersigned authorized agent of the person(s) and organization(s) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. The Company is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

If the information in this application and any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Veracity Insurance Solutions, LLC, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The undersigned declares that the person(s) and organization(s) proposed for this insurance understand that:

- (i) the policy for which this application is made applies only to "Claims" first made during the "Policy Period";
- (ii) unless amended by endorsement, the limits of liability contained in the policy shall be reduced, and may be completely exhausted by "Claim Expenses" and, in such event, the Company will not be liable for "Claim Expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy.

WARRANTY: I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers and employees.

Signatures: _____

Date: _____

Applicant: _____

Signature

Print Name

Title