

CLIMBING WALL PROPERTY INSURANCE APPLICATION

Fax Application to: 801-763-1374

Insured Information:

Insured Name: _____

Address: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Mailing Address, if different from above:

Insured Name: _____

Address: _____ State: _____ ZIP: _____

Climbing Wall Facility:

Property Coverage is Not Needed

- a. Construction: Brick Frame Metal
- b. Year Built: _____ If over 25 years old, please give year of updates for:
_____ Heating _____ Roof _____ Plumbing _____ Electrical
- c. Square Footage: _____
- d. Is the building Sprinklered (Fire Suppression System)? Yes No
- e. Do you have an alarm? Yes No If Yes, is it: Central Station Local Gong Alarm

Physical Address	Building Coverage Limit	Business Personal Property Limit.	Business Income Limit	Deductible

Portable Wall Insurance Values:

Portable Wall Coverage Not Needed

	Year Built	Wall & Trailer Value
#1		
#2		
#3		

Signature

Date

Print Name

Title

Stratus Insurance Services (801) 763-1375