



APPLICATION FOR CLIMBING GYMS

IMPORTANT: THIS IS NOT A BINDER

NOTE: Do not leave any questions blank. If it does not apply, mark it "N/A."

SECTION A -- APPLICANT INFORMATION

- 1. Name of Insured as it is to appear on policy
2. Doing Business as:
3. Billing/Mailing Address:
City: State: Zip:
Telephone number: Fax number:
Email: Web site:
4. Physical Address:
City: State: Zip:
5. Name of Owner or Insurance Contact:
6. Do You: Own Lease Premises? If lease, describe arrangement:
7. Number of Business Locations: (if more than one, please list locations):
8. Legal Status: Sole Proprietorship Partnership Corporation Joint Venture LLP LLC
Non-profit Other
9. *Are you a member of the Climbing Wall Association (CWA)? Yes No
10. *CWA membership number *CWA membership expiration date
11. Are you a member of any other associations? If "yes", please list:
12. Number of years in business at this location: years? Total experience in this type of business: years?

SECTION B -- CLAIMS HISTORY FOR THE LAST 5 YEARS

Describe all claims (regardless of fault) that have occurred in the last 5 years. If none, state "none":

- Claim: Amount Paid: Date:
Claim: Amount Paid: Date:
Claim: Amount Paid: Date:
Claim: Amount Paid: Date:

Claim: _____ Amount Paid: _____ Date: _____
****Please attach a copy of Loss Runs from current/prior insurance carriers****

I hereby certify that the above information is true to the best of my knowledge: _____ (Initial Here)

SECTION C -- INSURANCE INFORMATION

1. Current insurance company: _____ Expiration Date: _____ Liability Premium: _____
2. Deductible (Select One): ___ \$1,000 ___ \$2,500 ___ \$5,000 Proposed Effective Date: _____
3. Have you ever had similar insurance cancelled or non-renewed? yes no If yes, please explain: _____

*If you need to include an entity as an Additional Named Insured, please complete the Request for COI/Additional Insured Certificate at the end of this application. Please note, there is a premium cost involved.

SECTION D – FACILITY OVERVIEW

1. Description of Operation/Location: **(check all that apply with corresponding gross receipts for rating)**

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

- | | |
|---|--|
| <input type="checkbox"/> Amusement Park | <input type="checkbox"/> Outside |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Public Park |
| <input type="checkbox"/> Climbing Gym | <input type="checkbox"/> Recreation Center |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Retail Store |
| <input type="checkbox"/> Fitness Club | <input type="checkbox"/> School (K-12) |
| <input type="checkbox"/> Home | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Outdoor Education Center | |

Climbing Gym Activities

- | | |
|--|--|
| <input type="checkbox"/> Climbing Wall \$ _____ | <input type="checkbox"/> Sponsored Special Events or Competitions \$ _____ |
| <input type="checkbox"/> Pro Shop \$ _____ | <input type="checkbox"/> Outdoor Guiding or Climbing \$ _____ |
| <input type="checkbox"/> Equipment Rental \$ _____ | <input type="checkbox"/> Portable Wall \$ _____ |
| <input type="checkbox"/> Locker Room \$ _____ | <input type="checkbox"/> Tread Wall \$ _____ |
| <input type="checkbox"/> Bouldering \$ _____ | <input type="checkbox"/> Workout or Weight Training \$ _____ |
| <input type="checkbox"/> Swimming Pool \$ _____ | <input type="checkbox"/> Auto Belay Devices \$ _____ |
| <input type="checkbox"/> Snack Bar \$ _____ | <input type="checkbox"/> Other \$ _____ |

Land-Based Activities (Outside of the Gym)

- | | |
|--|--|
| <input type="checkbox"/> Hiking and Backpacking \$ _____ | <input type="checkbox"/> Multi-Pitch Climbing \$ _____ |
| <input type="checkbox"/> Camping \$ _____ | <input type="checkbox"/> Mountaineering \$ _____ |
| <input type="checkbox"/> Running \$ _____ | <input type="checkbox"/> Glacier Travel \$ _____ |
| <input type="checkbox"/> Initiative Games and Problem-Solving Exercises \$ _____ | <input type="checkbox"/> Snow and Ice Climbing \$ _____ |
| <input type="checkbox"/> High and Low Challenge Courses \$ _____ | <input type="checkbox"/> Caving \$ _____ |
| <input type="checkbox"/> Orienteering/Map & Compass \$ _____ | <input type="checkbox"/> River Crossing \$ _____ |
| <input type="checkbox"/> Bicycle Touring \$ _____ | <input type="checkbox"/> Snowshoeing \$ _____ |
| <input type="checkbox"/> Mountain Biking \$ _____ | <input type="checkbox"/> Cross Country and Back Country Skiing \$ _____ |
| <input type="checkbox"/> Bouldering \$ _____ | <input type="checkbox"/> Horseback Riding and Animal Packing \$ _____ |
| <input type="checkbox"/> Top Rope Rock Climbing \$ _____ | <input type="checkbox"/> Extended Expeditions and Remote Wilderness
Travel \$ _____ |
| <input type="checkbox"/> Rappelling \$ _____ | |
| <input type="checkbox"/> Lead Climbing \$ _____ | |

Water-Based Activities

- | | |
|---|--|
| <input type="checkbox"/> Flat Water Canoeing and Kayaking \$ _____ | <input type="checkbox"/> Sailing \$ _____ |
| <input type="checkbox"/> White Water Canoeing and Kayaking \$ _____ | <input type="checkbox"/> Swimming \$ _____ |
| <input type="checkbox"/> River Rafting \$ _____ | <input type="checkbox"/> Snorkeling \$ _____ |
| <input type="checkbox"/> Sea Kayaking \$ _____ | <input type="checkbox"/> Scuba Diving \$ _____ |

Describe "Other" or any additional operation not listed above: _____

I hereby certify that the above information is true to the best of my knowledge: _____ (Initial Here)

2. Who built your gym? _____

3. When was it built? _____ Was Gym built to CWA or Similar Standards? _____

4. Do you follow the Climbing Wall Association (CWA) Industry Practices? Yes No

5. Describe the landing surface in your gym. _____

6. Number of staff: full-time _____ full-time/seasonal _____ part-time _____ contract _____

7. What is your staff to class participant ratio? _____

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

9. Does your organization provide regular, scheduled, on going staff training? Yes No

10. If "yes", please list topics covered for staff training: _____

****Please provide resumes for all managers of your facility.
Resumes should include climbing training and any related activities.**

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

12. If "yes", please briefly describe your procedures: _____

13. Describe where Warning, Climb Smart!™, Rules, and any other similar posters are placed in the Gym? _____

14. Describe your policy regarding the monitoring of your walls/climbers during gym hours? _____

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

16. Describe your Equipment Check Policy for walls, hardware, and rental gear. (How often are the checks done, are records kept.) _____

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

18. Describe your policy regarding the screening of the personal equipment being used by the climbers: _____

SECTION E – GUIDING

1. Do you offer any Outdoor Guide trips overnight? _____ if yes, give the details _____

2. How many days a year do you offer Outdoor Guiding? _____

3. Is your staff in control of the belaying during Outdoor Guiding? _____ If no, give details _____

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? _____

7. List any other applicable safety measures taken for Outdoor Guiding? _____

SECTION F – PARTICIPANT OVERVIEW

1. Describe your age requirement policy: Bouldering: _____ Climbing: _____ Belaying: _____

2. Describe your methods of screening customers before allowing them to climb? _____

3. Describe your methods of informing your clientele on the inherent risks of climbing? _____

4. Describe what you check for during your Belay Test. **(IN DETAIL)** _____

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. Have your automatic belay devices been inspected and serviced according to the manufacturer's recommended schedule? Yes No

10. If Gri-Gris, Cinch, or similar devices are used/allowed, describe testing measures used: _____

12. If Lead Climbing is allowed, describe your lead test criteria: _____

SECTION G – WAIVER POLICY

1. Do you obtain a signed waiver and/or assumption of risk form from all participants? Yes No _____ **(Initial)**

(Please attach a copy of your waiver)

2. If "no", why not? _____

3. Who signs waivers and/or assumptions of risk forms on behalf of participants under the age of 18? _____

4. Describe how you maintain the waiver in your records? _____

5. Was waiver and release form created and/or reviewed by an attorney familiar with local laws? Yes No

6. Name of attorney/legal counsel who reviewed and approved waiver: _____

7. Date waiver last updated: _____

I hereby certify that the above information is true to the best of my knowledge: _____ *(Initial Here)*

SECTION H – BOULDERING

1. What is the average height of your bouldering surface? _____

2. Are warning posters visible in the bouldering area? Yes No

3. Describe the supplemental padding used in bouldering area: _____

Before you submit your completed application, did you:

1. **Answer all questions. If a question did not apply, did you mark it “N/A”?**
2. **Attach copies of management resumes**
3. **Attach a loss run/claim history from current and prior carriers**
4. **Attach copies of any company brochures**
5. **Attach a copy of your waiver/release of liability**
6. **Attach Proof of Climbing Wall Association Membership**
7. **Complete the Request for “Certificate of Insurance/Additional Insured Certificate” if needed**

Arkansas, Florida, Kentucky, New Jersey, New York and Pennsylvania

Any person who knowingly provides false information in an application for insurance with the intent to defraud an insurance company or another person, or who conceals any information concerning a material fact for the purpose of misleading, commits a fraudulent act, which is a crime.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance within the department of regulatory agencies.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah

Any person is guilty of workers' compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain workers' compensation insurance coverage, disability compensation, medical benefits, goods, professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises, or material omissions and communicates or causes a communication with another in furtherance of the scheme or artifice.

Oklahoma

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.

California

Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

Declaration

I/We hereby declare that the above statements and responses are accurate and true and that I/we have not omitted, misrepresented, or misstated any facts. I/We acknowledge that the statements and responses contained in this application shall become a part of the insurance policy issued by the Company and that any misrepresentation or omission may void such policy.

I/We understand and agree that the completion of this application does not bind the Company to issue, nor me to purchase, a contract of insurance. However, if I/we are issued insurance by the Company and I/we purchase such contract of insurance, I understand and agree that the representations and answers contained herein in this application shall be considered a part of such contract of insurance and shall be as fully a part of such contract as if fully set forth herein. Furthermore, I/we understand and agree that any misrepresentation or omission in this application may void the contract and give the Company a right to rescind the contract, in addition to any other right or remedy the Company may have. I/We understand that the failure to correct a representation on this or any other application, or the failure to disclose a material fact that I/we become aware of subsequent to the completion of this application but prior to the effective date of the policy to which it applies, may void the policy.

I understand this policy does not cover portable walls of any kind, if I don't own an Indoor Climbing Gym.

Applicants Name (Please Print):_____

Applicants Signature:_____

Date:_____

Please Return Application to:
Stratus Insurance Services, Inc.
260 South 2500 West Suite 303
Pleasant Grove UT 84062
Attn: Cameron S. Allen
cam@stratusins.com
866-395-1308 (T)
801-763-1374 (F)

**REQUEST FOR CERTIFICATE OF INSURANCE/
ADDITIONAL INSURED CERTIFICATE**

Named Insured: _____

Address: _____ City: _____ State: _____ Zip: _____

Person Making Request: _____

Phone Number: _____

1. Request is for: Certificate of Insurance Blanket Additional Insured (\$250 charge)

2. Describe your relationship with the entity listed below.

Client Landlord Other: _____

3. 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: _____

Signature: _____

Date: _____