



**CLIMBING WALL SUPPLEMENTAL APPLICATION\***

**\*to accompany General Application**

Named Insured:  
Risk Management Contact:  
Risk Management Email:

Risk Management's Phone:

**GENERAL INFORMATION**

- |   |     |       |
|---|-----|-------|
| 1. Location of Operation:                                       |     |       |
| 2. Annual Gross Sales: \$                                       |     |       |
| 3. Are you a member of the Climbing Wall Association (CWA)?     | Yes | No    |
| If yes, CWA membership number and expiration date:              |     |       |
| 4. Please list any other association of which you are a member: |     |       |
| 5. Number of years in business at this location:                |     | Years |
| Total experience in this type of business:                      |     | Years |

**CLIMBING WALL INFORMATION**

- |   |      |                |      |                   |    |  |
|---|------|----------------|------|-------------------|----|--|
| 1. Height of Wall:  | feet | Width of Wall: | feet | Year Constructed: |    |  |
| 2. Manufacturer of wall:  |      |                |      |                   |    |  |
| 3. Number of positions?   |      |                |      |                   |    |  |
| 4. What type of material is used in the landing area?   |      |                |      |                   |    |  |
| 5. Has the facility been inspected by a local governing unit?   |      |                |      | Yes               | No |  |
| 6. Was the wall constructed by a contractor who provided you with a certificate of insurance which included Products and Completed Operations coverage? |      |                |      | Yes               | No |  |
| 7. Was the wall constructed following a Climbing Wall Industry Group (CWIG) or American Society of Testing and materials (ASTM) design standards?       |      |                |      | Yes               | No |  |
| 8. Is the wall maintenance conducted by an independent contractor who provides you with a certificate of insurance?                                     |      |                |      | Yes               | No |  |
| 9. Are grasps permanently secured on the wall surface?  |      |                |      | Yes               | No |  |
| Can they be removed and relocated to provide varied climbing strategies?  |      |                |      | Yes               | No |  |
| 10. Has manufacturer's recommended placement of grips been followed?  |      |                |      | Yes               | No |  |
| 11. Is a daily inspection of the wall/ belay systems performed and results documented?  |      |                |      | Yes               | No |  |
| 12. Describe your belay test in detail:   |      |                |      |                   |    |  |
| 13. Do you use an auto belay device?  |      |                |      | Yes               | No |  |
| 14. Are auto belay cables covered or bare?  |      |                |      |                   |    |  |
| 15. How often are auto belay cables replaced?   |      |                |      |                   |    |  |

**EQUIPMENT INFORMATION**

- |   |     |    |
|---|-----|----|
| 1. Does all 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 |
| 2. Are climbers permitted to climb without harness or safety equipment?   | Yes | No |
| 3. Do you provide rental equipment?   | Yes | No |
| 4. Is rental limited to on premises only?   | Yes | No |
| 5. Do you have a "pro shop"?  | Yes | No |

**STAFF INFORMATION**

- |   |     |    |
|---|-----|----|
| 1. Is supervision provided at all times?  | Yes | No |
| 2. Is the supervision provided by a first-aid and CPR certified staff member?                         | Yes | No |
| 3. Is the supervisor a certified belay?   | Yes | No |
| 4. Do all staff members understand the safety rules?  | Yes | No |
| 5. Is a full-time staff member positioned to have a clear view of the climbing wall and participants? | Yes | No |

## SAFETY AND TRAINING INFORMATION

- |  |     |          |
|--|-----|----------|
| 1. Are safety rules clearly posted?  | Yes | No       |
| 2. Is climbing instruction provided?   | Yes | No       |
| 3. Is a documented safety orientation provided to all participants prior to climbing for:                                    |     |          |
| Rules for climbing wall  | Yes | No       |
| Setup and takedown procedures  | Yes | No       |
| Procedures for reporting problems  | Yes | No       |
| Harness and rope inspection procedures   | Yes | No       |
| Proper belaying techniques   | Yes | No       |
| Emergency takedown procedures  | Yes | No       |
| Belay device failure or entrapment procedures  | Yes | No       |
| 4. Do you have the participants sign a release of liability or waiver?<br><b>If yes, please attach copy of the document.</b> | Yes | No       |
| 5. Are minors permitted to use the facility?<br>If yes, under what conditions?   | Yes | No       |
| 6. Minimum age requirement for participants?   |     | Years    |
| 7. Do you allow participants to belay?   | Yes | No       |
| 8. Minimum age requirement for belaying?   |     | Years    |
| 9. What is the maximum number of people permitted on the wall at any one time?   |     | Climbers |
| 10. Do all climbers have belay experience and/or are provided with a spotter?  | Yes | No       |
| 11. Do you provide any off-premise climbing opportunities?<br>If yes, please describe:                                       | Yes | No       |

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**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 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.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** 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 FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN PENNSYLVANIA:** 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.

**APPLICABLE IN 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)