

Portable or Mobile Climbing Wall Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____ to _____ (effective date) (expiry date)
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2.2 Mailing information

Name of Insured as it is to appear on policy: _____
Name of Organization (if different): _____
Mailing Address: _____ _____

2.3 Physical Address of Organization (if different than mailing):

Address: _____ _____

2.4 Webpage: _____

2.5

Length of time in business:	_____
Total experience in this type of business:	_____

2.6

Please provide name of manufacturer of the wall: _____				
Did you obtain a certificate of Insurance from the wall Distributor?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does manufacturer provide specifications for set-up and tear-down of wall?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.7

Who is responsible for setting up the climbing wall and tearing it down? _____				
Does this individual/group follow a written checklist?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Height of wall:	_____			
Approximate weight of wall:	_____			

2.8

Please describe how wall is supported and secured to remain in place: _____ _____ _____				
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2.9

Is wall always erected on flat surface?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is wall always erected on concrete, asphalt, or wood surfaces?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please describe other surfaces: _____ _____				
What is the longest period of time the wall is erected in one place? _____				

2.10

a) Is the adjacent area to the wall fenced off?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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b) What is the minimum distance between wall and fence?	_____
c) Is this area kept clear of spectators?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide a diagram and photographs of the wall. Photographs should be taken from all angles (front, back, and sides). Photographs should also be taken of all supports for the wall.	

2.11

How is the Wall transported?

2.12

How are participants secured?	_____
Who works the ropes?	_____
Is there and Auto Belay System?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2.13

Are you accredited by any organization(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list:	_____

2.14

Total number of instructors:	_____
Please describe credentials of all instructors:	_____

Are all instructors at least 21 years of age?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2.15

Number of participants anticipated in next 12 months:		_____
Number of participants by age:	Under 12:	_____
	13 to 18:	_____
	Over 18:	_____

2.16

Is Participant Accident Insurance required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please list safety equipment used by participants:				

Please describe all types of safety backup:				

Please provide a copy of the waiver/release form you will be using.

2.17

Number of event days planned in next 12 months:	_____
Please list type of events (e.g. fairground, school, mall, etc.):	

2.18

Do you offer any other activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe:				

Section 3: Liability

3.1 Contractual Liability

a)	Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:					

b)	If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

3.2 Workers Compensation

	Are all employees and contractors including students and volunteers covered by Workers Compensation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please provide explanation.					

3.3 Non-Owned Automobile

a)	Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:					

b)	Does the Insured rent or lease vehicles from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, (i) How often per year? :					

(ii)	Are any of these vehicles driven in the United States?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please ensure the following are included with your submission:	
<input type="checkbox"/>	Copies of any brochures, ads or other literature concerning your climbing wall and/or services provided
<input type="checkbox"/>	Resume or descriptions of previous training for all instructors
<input type="checkbox"/>	Copies of the waiver and release forms or consent forms signed by all participants
<input type="checkbox"/>	Photographs and diagram of climbing wall

Section 4: Claims Information

4.1

Does the Insured have a formal loss-control program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				

4.2

Does the Insured have a formal employee safety-training program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				

4.3 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

Section 5: Limits of Liability Required

5.1 Commercial General Liability

Each Occurrence Limit	\$
Products - Completed Operations Aggregate Limit	\$
Personal Injury Limit	\$
Tenants Legal Liability Limit	\$
Medical Expense Limit - Per Occurrence/Per Person	\$
Non-Owned Automobile Limit:	
- Liability	\$
- Physical Damage	\$
Employee Benefits Limit	\$
Employers Liability Limit	\$
Advertising Injury Limit	\$
Other:	\$

Section 6: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 7: Additional Information

Additional Information: