

# Climbing Wall Supplemental Application



AmTrust E&S Insurance Services  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

**Instructions:** All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

## Section I – Applicant Information

Name of Applicant: \_\_\_\_\_ FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website Address: \_\_\_\_\_

Number of years in business at this location: \_\_\_\_\_

Total experience in this type of business: \_\_\_\_\_

Are you a member of the Climbing Wall Association (CWA)?  Yes  No

If YES, CWA membership number and expiration date: \_\_\_\_\_

Please list any other associations of which you are a member: \_\_\_\_\_

## Section III – Underwriting Information

1. What are the annual gross sales? \_\_\_\_\_
2. Has the facility been inspected by local governing unit?  Yes  No
3. Type of wall:  Climbing  Tread  Bouldering
4. Height of wall: \_\_\_\_\_ feet Width of wall: \_\_\_\_\_ Year constructed: \_\_\_\_\_
5. Manufacturer of the wall: \_\_\_\_\_
6. Was the wall constructed following Climbing Wall Industry Group (CWIG) or American Society of Testing and Materials (ASTM) design standards?  Yes  No
7. Was the wall constructed by a contractor who provided you with a certificate of insurance, which included completed operations coverage?  Yes  No
8. How is wall secured (e.g., guidelines to ceiling, bolts)? \_\_\_\_\_
9. Is the wall permanently affixed or can it be removed and transported to another location?  Affix.  Trans.
10. If wall is portable, is it attached to a trailer?  Yes  No
11. Is there a line painted on the wall indicating the maximum height of the free climb zone?  
**If YES, height of line:** \_\_\_\_\_ ft.  Yes  No
12. Are grasps permanently secured on the wall?  Yes  No  
**If NO, please answer the following:**
  - a. Can they be removed and relocated to provide varied climbing strategies?  Yes  No
  - b. Does the Applicant design the climbing routes?  Yes  No
  - c. Has Applicant followed the recommended placement of grips by the manufacturer?  Yes  No**If YES, who changes the routes?** \_\_\_\_\_
13. Any portable walls utilized or rented to others?  Yes  No  
**If YES, provide details:**  
\_\_\_\_\_  
\_\_\_\_\_
14. Does the Applicant conduct/offer any outdoor climbing?  Yes  No  
**If YES, provide details:**  
\_\_\_\_\_  
\_\_\_\_\_

### Section III – Safety & Training Information

1. Are safety rules posted?  Yes  No
2. Are climbers required to watch a training video prior to first climb?  Yes  No
3. Does the Applicant provide climbing instruction?  Yes  No  
If YES, what age groups? \_\_\_\_\_ What is the ratio of instructors to students? \_\_\_\_\_
4. What is the experience of each employee? \_\_\_\_\_
5. Is there a method to identify approved users prior to their use of the wall?  Yes  No
6. Does all the 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
7. Is the wall checked at the beginning of each day to insure all grips are secure and results documented?  Yes  No
8. Is all climbing safety equipment inspected daily with inspection results documented?  Yes  No
9. Is there a documented training program for all wall users, which includes:
  - a. Harness and rope inspection procedure?  Yes  No
  - b. Emergency takedowns? Procedures?  Yes  No
  - c. Belay device failure or entrapment?  Yes  No
  - d. Rules for climbing, tread, bouldering wall(s)?  Yes  No
  - e. Setup and takedown procedures?  Yes  No
10. Is there a minimum of six to 12 inches of fall protection beneath the wall out to a distance of six to eight feet?  Yes  No  
Type of material used in the landing area: \_\_\_\_\_
11. Are the use of belays and helmets mandatory for all climbers?  Yes  No
12. Are climbers permitted to climb without harness or safety equipment (i.e., freestyle)?  Yes  No
13. Do all climbers have belay experience and/or are provided with a spotter?  Yes  No
14. What is the maximum number of people permitted on the wall at any one time? \_\_\_\_\_

### Section IV – Staff & Members Information

1. Is a full-time, first aid- or CPR-certified staff member always present?  Yes  No
2. Is this full-time staff member certified to belay on the wall and understand the safety rules?  Yes  No
3. Is a full-time staff member positioned to have a clear view of the wall and participants?  Yes  No
4. Does the Applicant have a waiver/hold harmless signed by all users?  Yes  No  
**If YES, provide copy of document.**
5. Are minors permitted to use the facility?  Yes  No  
**If YES, under what circumstances?** \_\_\_\_\_  
Minimum age of participants: \_\_\_\_\_ Minimum height requirement: \_\_\_\_\_

### Section V – Loss / Claims History

1. Please provide loss experience for the past five (5) years:  Please check here if no losses

Policy Period	Prior Carrier	Claim Count	Total Amount Paid	Amount Reserved
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

## Fraud Warning

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

**ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

**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.

**DISTRICT OF COLUMBIA, KENTUCKY and 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**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 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 personal or commercial 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 is considered a crime.

**MAINE:** 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 denial of insurance benefits.

**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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE 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 and/or denial of insurance benefits.

## Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

### Applicant:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.**

Name of Producing Agency: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**