

CLIMBING WALL AND FACILITY OPERATIONS INSURANCE APPLICATION

General Information (Please Print Or Type)

Official Name of the Organization: _____

Doing business as: _____

Main Mailing Address: _____

Address of actual operations: _____

Telephone Number: _____ Fax Number: _____

Name of Contact for Insurance Program: _____

Address of Contact for Insurance Program: _____

Years the organization has been operating: (give date) _____

Applicant for this Insurance is: (Please check coverages required)

Wall Climbing fixed

Wall Climbing portable

Pro Shop

Equipment Rental

Food Concession

Special Events

Bouldering if yes, please advise height & provide pictures

Any outdoor activities _____

Other: _____

Does Insured: Own the premise Lease or rental of premise

Insured is a: Corporation Partnership Individual Other: _____

If you are not the owner of the premises please indicate the following:

Owner of premises: _____

Address of Owner: _____

Does owner need to be named as additional insured under the policy? Yes No

Affiliations: Provincial _____ National _____

Underwriting Information

Total number of current members: _____ Total number of Volunteers: _____

Total number of instructors: _____ Total number of managers: _____

Provide approximate breakdown of members/users of your facility by the following age category in your facility.

			Percentage of	
			Females	Males
Youth:	Participants Ages _____ to 12 years of age:	_____	_____	_____
	Participants Ages 13 to 19 years of age:	_____	_____	_____
Senior:	Participants Ages 20 to 50 years of age:	_____	_____	_____
	Participants Ages 51 to 65 years of age:	_____	_____	_____
	Participants Ages 66 and up:	_____	_____	_____

Description of operations / location(s): _____

Length of time in business at this location: _____ years.

Total experience in this type of business: _____ years.

Brief description if experience is related or other: _____

Activity of the organization:

Number of user days:	365 days a year	_____
	260 days to 364 days a year	_____
	208 days to 259 days a year	_____
	156 days to 207 days a year	_____
	155 days to less a year	_____

If other please explain: _____

Average time spend per visitor at the facility: _____

Total number of visits (approximately per year i.e. if an individual comes 2 per week for 52 weeks the number is 104 visits) _____

Gross Receipts (Please indicate the activity and the annual amount of revenue generated by the activity)

Climbing Wall	\$ _____
Equipment Rental	\$ _____
Pro Shop	\$ _____
Food Concession	\$ _____
Other	\$ _____

Please explain what is done with regards to earning the amount as shown under "other" _____

Do you have any potential for travel to the United States? _____

Past Insurance History: Questions *MUST* be answered in full (quote will not be given without this information)

Coverage and Loss History – PLEASE BE ADVISED THAT WE MAY NOT QUOTE IF THIS AREA IS NOT FULLY COMPLETED.

Indicate limits carried, corresponding premiums paid and total losses for the past 3 years (Attach company loss history - verification if required)

Coverage	Limit Carried	Premium	Total Losses
General Liability			
Participants Liability			
Accident Policy			
Other: _____			

Name of Current or past Insurance Carrier? _____

Has any Insurance Carrier ever cancelled or refused your organization coverage after being insured by them? Yes No

If yes, please explain: _____

List and explain any losses that you have been paid by any of your insurance policies and indicate dates and losses by incident.

Are you aware of any occurrences that may result in future claims? Yes No

Insurance Requirements For Your Organization

Liability Coverages:

Limits available: \$2,000,000.00 or \$5,000,000.00

Deductible: \$2,500.00 or \$5,000.00

Accident Coverages: Core Program Quote: Yes No

Desired Effective Date: _____ Expiry Date: _____

To assist us to become more knowledgeable about your organization, we require the following information:

Materials Enclosed:

Copy of insurance face sheet from current insurer	Yes	No
Copy of your registration forms	Yes	No
Copy of any waivers/release forms you use	Yes	No
Copy of safety rules for your facility	Yes	No

If any negative answer (no), please explain:

All operations must be declared that this policy is to cover, please indicate if there are any other operations not declared above:

Any additional information or remarks that may help us in evaluating your application fill in here or use a separate sheet of paper.

Please outline your certification or training with regards to the activity of wall climbing for yourself and your instructors:

Please attach short outline (2 or less pages) of your training program for new climbers and the time required to become proficient in the required skills and any other additional information (2 or less pages) that may be of assistance.

Are you a member in good standing with the Association of Canadian Mountain Guides (ACMG) Yes No

If "Yes" please attach copy of your membership.

Important Notice

Please Read Carefully

1. IT is understood and agreed that coverage does not apply to bodily injury to a participant unless you implement sufficient procedures to secure from each participant and deliver to us simultaneously with notice of participant claim a valid release and waiver of liability and indemnity agreement form as attached and made part of the policy dated and signed by the participant prior to the time of the occurrence in which said participant was injured.
2. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES UNDERWRITING THIS APPLICATION.

Signature of Applicant

Position

Date

This application must be signed by applicant/owner of the business or no quote will be forthcoming.

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY,

WALL CLIMBING WARRANTY

This endorsement modifies insurance provided under the following:

COMPREHENSIVE GENERAL LIABILITY COVERAGE PART

The following requirements are conditions to coverage under your insurance policy. Violation or non-observance of any of the following conditions in any particular incident will void coverage under your policy for any claim arising out of that incident.

1. An operations manual, approved by the Association of Canadian Mountain Guides (ACMG), must be followed for all wall climbing procedures.
2. A level of professionalism must be demonstrated to the ACMG consisting of annual training, through approved sources.
3. Senior Guide Medical Qualification: Basic First Aid, or more advanced medical training, for all activities, Medical supplies suitable to the degree of training of the responsible person must be carried at all times.
4. All technical climbing equipment used should be manufactured to standards similar to those established by the ACMG and all other equipment should be purchased from a vendor that has significant experience in that area of equipment.
5. Guide standards: as per ACMG handbook (Climbing Gym Instructor Program)

In your own handwriting, write the following on the line below:

"I HAVE READ AND AGREE TO FOLLOW THE ABOVE AT ALL TIMES."

Your Signature

Print Name & Title

Date

HELMET WAIVER

STUDENTS MAY NOT USE THIS WAIVER

I, the undersigned, recognize the dangers inherent with climbing activities. I am assuming the hazard of this risk upon myself since I wish to climb. I realize I am subject to injury from this activity and that no form of preplanning can remove all of the danger to which I am exposing myself. I have been offered a protective helmet, which could have prevented permanent brain damage in the event of an accident. Against the advice of the guide, and the insurance company, I am refusing this critical safety precaution.

Customer must write "I have read and understand the above".

Customer Signature

Date of Birth _____ Date _____