

CLIMBING WALL AND FACILITY OPERATIONS INSURANCE APPLICATION

General Information (Please Print Or Type)

1. (a) Official Name of the Organization: _____
(b) Doing business as: _____
2. (a) Main Mailing Address: _____
(b) Address of actual operations: _____
3. Telephone Number: _____
Fax Number: _____
4. Name of Contact for Insurance Program: _____
5. Address of Contact for Insurance Program: _____

6. Years the organization has been operating: (give date) _____
7. Applicant for this Insurance is: (Please check coverages required)

Wall Climbing fixed	Wall Climbing portable	Pro Shop
Equipment Rental	Food Concession	Special Events
Camps	Rope Course	
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: _____
Any Additional Insureds need to be listed? Yes No
Name & Mailing Address: _____
Relationship: _____
Name & Mailing Address: _____
Relationship: _____

Underwriting Information

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".

1. Do you have any potential for travel to the United States? Yes No
2. Is there any liquor served or are clients able to bring liquor on the premises? Yes No
3. Is the location staffed at all times of operations? Yes No
4. Is there a certified CPR and First Aid staff on site at all times of operation? Yes No
5. Do you follow rules and regulations as per industry standards and/or association? Yes No
6. Do you provide an orientation or introduction to each and every new client that provides general information about the climbing areas, types of climbing allowed or not allowed and any other rules or restrictions on the use of the facility? Yes No

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.

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

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

Property ****Please complete the property application form**

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

If yes, please explain:

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

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

5. 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 ***Provide total number of members: _____

6. Desired Effective Date: _____ Expiry Date: _____

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

Materials	Materials Enclosed	
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

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

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
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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

Property Coverage:

Construction _____ Year Built: _____

Any Upgrades: _____ # of Stories _____ Sprinklered: _____

Alarmed? _____ Local: _____ Monitored: _____ None: _____

Protection Grade: _____

Occupancies: _____

Any additional information: _____

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Miscellaneous Property Floater	
Extra Expense	
Business Interruption (Profits or ALS, please specify)	
Equipment Breakdown	
Computer (Hardware/Software)	
Office Contents	
Rent or Rental Value	
LIABILITY COVERAGE	AMOUNT OF INSURANCE
Commercial General Liability	

Optional Coverages: *(Select any of the following optional coverages you require)*

- Sewer Back-up Property Extension Endorsement
- Flood Earthquake 3D Crime

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.

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.

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.

Applicant's Signature: _____ Date: _____