

CLIMBING WALL APPLICATION

1. Client Information

1. Legal name:	<input style="width: 100%;" type="text"/>		
2. Operating name:	<input style="width: 100%;" type="text"/>		
3. Contact name:	<input style="width: 100%;" type="text"/>	4. Email address:	<input style="width: 100%;" type="text"/>
5. Phone:	<input style="width: 100%;" type="text"/>	6. Website:	<input style="width: 100%;" type="text"/>
7. Street Address:	<input style="width: 100%;" type="text"/>	8. City:	<input style="width: 100%;" type="text"/>
9. Province:	<input style="width: 100%;" type="text"/>	10. Postal code:	<input style="width: 100%;" type="text"/>
11. Is Building Owned or Leased? If Neither please explain: <input style="width: 100%;" type="text"/>			

2. Risk Information

1. Description of operations:	<input style="width: 100%;" type="text"/>	
2. Describe any operations, marketing, or business travel outside of Canada:	<input style="width: 100%;" type="text"/>	
3. Inception date of business: <input style="width: 200px;" type="text"/>	4. Years of relevant experience:	<input style="width: 150px;" type="text"/>
5. List all industry associations which the applicant is a member in good standing:		
<input style="width: 100%; height: 30px;" type="text"/>		

Activity	# Participants	\$ Revenue

7. Percentage of participants that are minors:	<input style="width: 100%;" type="text"/>
8. Can participants complete the waiver online:	<input style="width: 100%;" type="text"/>
9. Are waivers witnessed by an employee:	<input style="width: 100%;" type="text"/>
10. Is a waiver mandatory for all activities:	<input style="width: 100%;" type="text"/>
11. Describe how and where legal documents are stored:	<input style="width: 100%;" type="text"/>
12. Outline all subcontractors including their insurance:	<input style="width: 100%;" type="text"/>
13. Outline first aid equipment including storage location and supplies:	<input style="width: 100%;" type="text"/>

- 14. Outline the minimum certifications on site at any time (ACMG, first aid, etc.):
- 15. What is the minimum number of staff on site:
- 16. Outline pre-climbing safety information:
- 17. Is client equipment checked for safety and adequacy:
- 18. Are shoes required at all times and are helmets required for lead climbers and minors:
- 19. Outline belay test(s) for top rope and lead climbing:

20. Outline non-certified safety equipment such as belay devices or helmets:

21. Total number of employees:

22. Number of employees under age 18:

23. How are employee qualifications verified:

24. Outline employee training:

25. Describe height and location of bouldering:

26. Is bouldering allowed in the same area as roped climbing:

27. Was the wall designed and built by an engineer:

28. Provide the following information about the wall:

- | | |
|--|---|
| A. Height of wall: <input style="width: 150px; height: 25px;" type="text"/> | B. Width of wall: <input style="width: 150px; height: 25px;" type="text"/> |
| C. Max overhang angle: <input style="width: 150px; height: 25px;" type="text"/> | D. Square footage occupied: <input style="width: 150px; height: 25px;" type="text"/> |
| E. Year built: <input style="width: 150px; height: 25px;" type="text"/> | F. Date of last engineer inspection: <input style="width: 150px; height: 25px;" type="text"/> |
| G. Number of ropes/anchors: <input style="width: 150px; height: 25px;" type="text"/> | H. Number of lead climbs: <input style="width: 150px; height: 25px;" type="text"/> |

3. Auto Exposure

- 1. List year, make, model of all vehicles owned by the insured:
- 2. Describe how and when staff or clients use their own vehicles:
- 3. Is all vehicle maintenance performed by a qualified mechanic:
- 4. Is a pre-trip safety inspection performed on all vehicles:
- 5. Auto liability limit(s) carried:

4. Insurance History

1. Has the insured ever been cancelled, declined, or refused for insurance:

2. Provide date & description for all claims, potential claims, and incidents including preventative measures:

3. Outline any disciplinary action ever taken against the insured, the organization, or any employees:

5. Coverage Requested

1. Liability limit: 2. Deductible:

3. Effective date: 4. Expiry date:

5. Outline all mobile property to be insured including year, make, model, and serial number:

6. Is there any Liquor Exposure? Yes No **If Yes, attach Supplemental Liquor Liability Application**

7. Outline any non-owned auto coverage requested:

6. Additional Information

The following information is required in order to provide a quote.

- | | |
|---|--|
| 1. Sample waiver and medical questionnaire. | 5. Risk management plan. |
| 2. Schedule of property to be insured. | 6. A sample of pre-climbing information. |
| 3. Sample marketing materials. | 7. A diagram of the facility. |
| 4. Photo(s) of location, building, property, etc. | 8. Details of any claims or incidents. |

7. Notes

8. Declaration

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) The signing and filing of this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expense as defined in the Policy.
- (e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: _____ Date: _____

Title: _____ Phone: _____