



HEALTH & FITNESS CLUB

Climbing Wall Supplemental Application

Applicant's Business Name:

Telephone:

E-mail or Website:

Business Contact:

Telephone:

Mailing Address:

State:

Zip:

Location Address:

State:

Zip:

Requested Effective Date:

Years at this location:

Years Experience:

Limit: \$

Deductible \$

Attach a copy of the following:

- a) Waiver/Release that is signed by all climbers
- b) House Operating Procedures
- c) Belayer or Qualification Procedures
- d) Equipment Inspection Log
- e) Climbing Wall Employee Training Procedures

ACCESS:

1. How is gym access controlled?
2. Who is allowed to climb on their own, and what are the age limits?
3. What is the check-in procedure?
4. What kinds of verbal contracts or warnings are given?

TESTING:

1. When is safety testing done?
2. What do tests consist of?
3. What type of certification system is used?
4. What are the guidelines for club users with personal gear?

WAIVERS:

It is a condition of coverage that a copy of your waiver / acknowledgement of risk form be submitted with this application. No coverage will be provided unless this condition is met.

EQUIPMENT:

1. What type of equipment is used? Describe the belay system.
2. What types of landing surfaces are used? Describe makeup, thickness and extent of fall protection.
3. List type of equipment held for sale:

4. How often is equipment inspected?

STRUCTURE MAINTENANCE:

1. State the wall and equipment maintenance procedures and schedule?

2. How are the records kept?

3. Who is responsible for guidelines and standards?

4. Who is responsible for route-setting guidelines?

How are the routes developed?

5. Who designed and built the walls and other permanent structures?

6. What model number is the wall?

7. What is the maximum height of the wall?

8. Does the wall conform to local codes?

9. Describe the use of any portable walls:

MISCELLANEOUS:

1. How is climbing area monitored?

2. What type of first aid equipment is kept on site?

3. What are minimum staff qualifications? Is a staff member with first aid training on premises?

4. Is there a staff training program? Yes No
If yes, describe:

5. Are spotters required? Yes No
At what height? Ft.

6. How are spotters trained?

7. Does he/she have full view of the climbing area? Yes No
If no, explain:

8. Is there any free climbing allowed? Yes No
If so, what restrictions are in place?

9. What is the instructor to climber ratio?

10. Is the facility ever rented out? Yes No
If so, provide details on waivers, supervision, how many times per year and to whom.

11. Do you have a portable wall? Yes No
If so, describe the type and frequency of its off-premises use.

12. Receipts from operation:
Climbing Wall, Indoor \$ Rentals \$
Climbing Wall, Outdoor \$
Equipment Sales \$

Other Sales

\$

Describe:

PRIOR CARRIER INFORMATION:

Prior Carrier		Policy Period		Premium		Brief Description of Claims/Incidents

Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

APPLICATION ADDENDUM:

Philadelphia Insurance Companies or its authorized representatives is hereby authorized to conduct such inquiries as necessary to verify all information contained in this application. Authorization is also given to obtain a personal credit report on the principal of the company.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Fraud Notice

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "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 AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Applicant's Signature

Date

Broker's / Agent's Signature

Date