

# GILLINGHAM & ASSOCIATES

a division of Philadelphia Insurance Companies



## CLIMBING WALL SUPPLEMENTAL APPLICATION\*

\*to accompany General Application

Named Insured:

### GENERAL INFORMATION

1. Location of Operation:
2. Annual Gross Sales: \$
3. Are you a member of the Climbing Wall Association (CWA)? Yes      No  
If yes, CWA membership number and expiration date:
4. Please list any other association of which you are a member:
5. Number of years in business at this location: Years  
Total experience in this type of business: Years

### CLIMBING WALL INFORMATION

1. Height of Wall:                      feet      Width of Wall:                      feet      Year Constructed:
2. Manufacturer of wall:
3. Number of positions?
4. What type of material is used in the landing area?
5. Has the facility been inspected by a local governing unit? Yes      No
6. Was the wall constructed by a contractor who provided you with a certificate of insurance which included Products and Completed Operations coverage? Yes      No
7. Was the wall constructed following a Climbing Wall Industry Group (CWIG) or American Society of Testing and materials (ASTM) design standards? Yes      No
8. Is the wall maintenance conducted by an independent contractor who provides you with a certificate of insurance? Yes      No
9. Are grasps permanently secured on the wall surface? Yes      No  
Can they be removed and relocated to provide varied climbing strategies? Yes      No
10. Has manufacturer's recommended placement of grips been followed? Yes      No
11. Is a daily inspection of the wall/ belay systems performed and results documented? Yes      No
12. Describe your belay test in detail:
  
13. Do you use an auto belay device? Yes      No
14. Are auto belay cables                      covered or                      bare?
15. How often are auto belay cables replaced?

### EQUIPMENT INFORMATION

1. Does all 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
2. Are climbers permitted to climb without harness or safety equipment? Yes      No
3. Do you provide rental equipment? Yes      No
4. Is rental limited to on premises only? Yes      No
5. Do you have a "pro shop"? Yes      No

### STAFF INFORMATION

1. Is supervision provided at all times? Yes      No
2. Is the supervision provided by a first-aid and CPR certified staff member? Yes      No
3. Is the supervisor a certified belayer? Yes      No
4. Do all staff members understand the safety rules? Yes      No
5. Is a full-time staff member positioned to have a clear view of the climbing wall and participants? Yes      No

## SAFETY AND TRAINING INFORMATION

- |  |     |          |
|--|-----|----------|
| 1. Are safety rules clearly posted?  | Yes | No       |
| 2. Is climbing instruction provided?   | Yes | No       |
| 3. Is a documented safety orientation provided to all participants prior to climbing for:                                    |     |          |
| Rules for climbing wall  | Yes | No       |
| Setup and takedown procedures  | Yes | No       |
| Procedures for reporting problems  | Yes | No       |
| Harness and rope inspection procedures   | Yes | No       |
| Proper belaying techniques   | Yes | No       |
| Emergency takedown procedures  | Yes | No       |
| Belay device failure or entrapment procedures  | Yes | No       |
| 4. Do you have the participants sign a release of liability or waiver?<br><b>If yes, please attach copy of the document.</b> | Yes | No       |
| 5. Are minors permitted to use the facility?<br>If yes, under what conditions?   | Yes | No       |
| 6. Minimum age requirement for participants?   |     | Years    |
| 7. Do you allow participants to belay?   | Yes | No       |
| 8. Minimum age requirement for belaying?   |     | Years    |
| 9. What is the maximum number of people permitted on the wall at any one time?   |     | Climbers |
| 10. Do all climbers have belay experience and/or are provided with a spotter?  | Yes | No       |
| 11. Do you provide any off-premise climbing opportunities?<br>If yes, please describe:                                       | Yes | No       |

### 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."

Insured Signature : \_\_\_\_\_ Date:

Agent Signature: \_\_\_\_\_ Date: