



[Commercial Sports & Recreation]  
**CLIMBING GYM APPLICATION**

# CLIMBING GYM APPLICATION

## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Address of Facility: \_\_\_\_\_ Website: \_\_\_\_\_

Number of years in business at this location: \_\_\_\_\_ Other Locations: \_\_\_\_\_

Number of Business Locations: (if more than one, please list below):

Are you a member of any climbing associations?  Yes  No If "Yes", please list below:

Legal Status:  Individual  Partnership  Corporation  Joint Venture  Other:

Total years of experience in this type of business: \_\_\_\_\_

Please state the number of employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

## PART 2 INSURANCE INFORMATION

Limits of Liability Requested: \$ \_\_\_\_\_ / \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**Note: The Company does not guarantee to offer any of the above limits or deductibles**

Do you currently have liability insurance?  Yes  No If "Yes" please note Insurance Company: \_\_\_\_\_

Current Limits of Liability: \$ \_\_\_\_\_ Deductible/SIR: \$ \_\_\_\_\_

Expiring Premium: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (DD/MM/YYYY)

## PART 3 FACILITY OVERVIEW

1. **Locations or Types of Venue(s)** where you conduct operations (please check all that apply):

- Amusement Park  Outside
- Camp  Recreation Centre
- Climbing Gym  Retail Store
- College/University  School (K-12)
- Fitness Club  Other: \_\_\_\_\_
- Outdoor Education Centre

2. **Climbing Gym Activities** (please provide Gross Revenue):

What percentage of your Clientele climb in the bouldering area? \_\_\_\_\_%

- |  |   |
|--|---|
| <input type="checkbox"/> Climbing Wall: \$ _____ | <input type="checkbox"/> Sponsored Special Events or Competitions: \$ _____ |
| <input type="checkbox"/> Pro Shop: \$ _____      | <input type="checkbox"/> Outdoor Guiding or Climbing: \$ _____              |
| <input type="checkbox"/> Equip Rental: \$ _____  | <input type="checkbox"/> Portable Wall: \$ _____                            |
| <input type="checkbox"/> Locker Room: \$ _____   | <input type="checkbox"/> Tread Wall: \$ _____                               |
| <input type="checkbox"/> Swimming Pool: \$ _____ | <input type="checkbox"/> Health & Fitness Club \$ _____                     |
| <input type="checkbox"/> Snack Bar: \$ _____     | <input type="checkbox"/> Auto Belay Devices \$ _____                        |
| <input type="checkbox"/> Other: _____            | \$ _____  |

3. Who built your gym?

4. When was it built? \_\_\_\_\_ Was gym built to industry standards?  Yes  No

5. Do you follow industry best practices?  Yes  No

6. Describe the flooring system in your gym:

7. When was your flooring last updated?

8. What is your staff to class participation ratio?

9. Do you have a program in place for training staff in all relevant aspects of your facility's operations?  Yes  No

10. Please list topics covered in your training:

11. **Please provide copies of your employee training and operations policy and procedures manuals**

12. Do you have emergency protocols and procedures in place in the event of an accident, injury, or illness?  Yes  No

If "Yes" to above, briefly describe your procedures:

13. Describe your company policy regarding the monitoring of your walls/climbers during gym hours:

14. Does your organization have an inspection policy and/or practices in place for all critical safety equipment?  Yes  No

15. Describe your equipment check policy for walls, hardware, and rental gear (i.e. how often are checks done, are records kept, etc.):

16. Are climbers allowed to use personal equipment?  Yes  No

17. Do you reserve the right to disallow the use of personal equipment?  Yes  No If "Yes", note under what circumstances below:

**PART 4 BOULDERING**

1. Do you provide an orientation specific to bouldering before a participant climbs?  Yes  No

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2. What is the average height of your bouldering walls? \_\_\_\_\_ What is the maximum height of your bouldering walls? \_\_\_\_\_

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3. Is a spotter required while bouldering?  Yes  No Do you allow top out bouldering?  Yes  No

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4. Are warning posters visible in the bouldering area?  Yes  No

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5. What is the primary bouldering floor thickness? \_\_\_\_\_

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6. Describe the supplemental padding used in bouldering area:

**PART 5 PARTICIPANT OVERVIEW**

1. List your minimum age requirement for: Bouldering: \_\_\_\_\_ Roped/Wall Climbing: \_\_\_\_\_ Belaying: \_\_\_\_\_

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2. Do you obtain a "checklist" outlining what the participant has been taught upon arriving at the gym before you allow them to participate?  Yes  No  

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If "No" to above, why not? \_\_\_\_\_

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3. Describe in detail what you check for during your belay test:

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4. If belay test is not passed, when is the client allowed to test again? \_\_\_\_\_

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5. What type of belay device is used/allowed? \_\_\_\_\_

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6. Do you use an auto belay device?  Yes  No If "Yes", who manufactured it: \_\_\_\_\_

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7. How old is the belay device? \_\_\_\_\_

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8. Do you provide an auto belay orientation?  Yes  No If "No", why not? \_\_\_\_\_

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9. Do you have signage and/or a monitoring system to remind climbers to clip into the auto belay prior to climbing?  Yes  No

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10. Have your auto belay devices been inspected and serviced according to the manufacturer's recommended schedule?  Yes  No

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11. If Gri-Gris, Cinch, or similar devices are used/allowed, describe testing measures used:

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12. If lead climbing is allowed, describe your lead test criteria:

**PART 6 WAIVER POLICIES**

1. Do you obtain a signed participation agreement with an acknowledgement and assumption of risk clause, and a waiver of future claims for all participants?  Yes  No If "No", why not?

2. **Please attach a copy of your waiver**

3. Does the waiver state a specific timeframe for which it is valid?  Yes  No If "Yes", how long?

4. Who signs waivers and/or assumptions of risk forms on behalf of participants under the age of 19?

5. Describe how you maintain the form in your records

6. Was waiver and release form created and/or reviewed by an attorney licensed in your jurisdiction?  Yes  No

Name of attorney/legal counsel who reviewed and approved waiver:

7. Date waiver was last updated:

**PART 7 INDEPENDENT CONTRACTORS AND ROUTE SETTERS**

1. How many route setters do you have?

2. Do you use an independent contractor to install, service, or inspect climbing structures?  Yes  No

If "Yes" do you require proof of professional liability insurance?  Yes  No If "No" why not?

3. Do you use independent contractors to perform route setting on a climbing structure?  Yes  No If "Yes" how many?

**PART 8 WARRANTIES**

**NOTICE TO THE APPLICANT: PLEASE READ CAREFULLY**

Please remember that we need the following:

1. Attach copies of management resumes
2. Attach a loss run/claim history from current and prior carriers
3. Attach a copy of your Participation Agreement (Waiver)
4. Attach Proof of Climbing Wall Association Membership
5. Complete the Request for "Certificate of Insurance/Additional Insured Certificate" if needed
6. Attach a copy of your Orientation Checklist
7. Copy of Policy and Procedure Manual
8. Copy of Employee Handbook

**PART 9 LOSS HISTORY**

Check here  if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

**\*Please attach any available insurance company loss reports with this application\***

**NOTICE TO APPLICANT:**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

**BROKER DECLARATION**

How long have you known this Applicant? \_\_\_\_\_

Is this account new or renewal to you? \_\_\_\_\_

Have you personally viewed the Applicant's operations? \_\_\_\_\_

What is the condition of facilities and equipment? \_\_\_\_\_

What is the applicant's attitude toward risk management and insurance? \_\_\_\_\_

Do you recommend this Applicant? \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_