



CLIMBING WALL OPERATORS
LIABILITY INSURANCE APPLICATION

SECTION 1: Applicant Information

- 1. Official/legal name:
2. Operating name if different:
3. Street address:
4. City:
5. Province:
6. Postal Code:
7. Phone:
8. Fax:
9. Website:
10. Email:
11. Additional insured:

SECTION 2: Underwriting Information

- 1. Date company was created:
2. Number of years experience if different:
3. Is this business a: Sole Proprietorship Partnership Corporation
4. Does this business operate in countries other than Canada: Yes No
4.A. If "yes" please explain:
5. Governing body:
5.A. Governing body member #:
7. List all activities offered:

Table with 3 columns: Activity, Total participants/year, Gross revenue. Rows include Lead Climbing, Top Roping, Birthday Parties, Food, Non-alcoholic beverages, Alcoholic beverages, Equipment rentals, Equipment sales, and Other (specify).

9. Please provide the following documents or explain why they are not included:

Document	Explanation why it's not included
Incorporation documents	_____
Most recent financial statements	_____
All insurance policies in effect	_____
Sample registration forms	_____
Sample waivers/release	_____
Sample medical questionnaire	_____
Risk management plan	_____
Equipment log	_____
Incident log	_____
Pre-climbing information	_____
All advertising materials	_____

10. Do you allow your waivers to be filled out online: Yes No

11. Where do you store client records: _____

12. How long do you keep client records: _____

13. Do you use sub-contractors: Yes No

13.A. If "yes" do you require a certificate of insurance and please explain what duties do they perform: _____

14. Do you work as a sub-contractor: Yes No

14.A. If "yes" please explain: _____

15. Do you test customers' belaying abilities before they are allowed to belay: Yes No

16. Is there a separate belay test for lead climbing and top roping: Yes No

16. Do you host or hold climbing competitions: Yes No

18. What is your minimum employee:climber ratio: _____

19. Please provide the following information:	Male	Female
Percent of climbers under 12	_____	_____
Percent of climbers aged 13 – 18	_____	_____
Percent of climbers aged 19 - 28	_____	_____
Percent climbers aged 29 – 49	_____	_____
Percent climbers aged 50 – 59	_____	_____
Percent climbers aged 60+	_____	_____
Percent of climbers who are novice	_____	_____
Percent of climbers who are intermediate	_____	_____
Percent of climbers who are advanced	_____	_____
Percent of climbers who are advanced	_____	_____

20. Facility information

Height of the wall _____

Width of the wall _____

Overhang angle _____

Square footage _____

Year built _____

Number of anchors/ropes _____

Number of lead routes _____

21. Describe maintenance: _____

22. Are climbers required to wear approved helmets and footwear: Yes No _____

23. Do you allow bouldering and if so to what height: Yes No _____

24. Do you allow bouldering on the same wall as climbing: Yes No _____

25. Does any of your revenue come from off premises work: Yes No _____

Please supply pictures of the wall

SECTION 3: Staffing

1. Total number of employees: _____

2. Total number of guides/instructors: _____

3. Do you check background, experience, and qualifications for each employee: Yes No _____

4. Do you employ anyone under 18 and if so what are their responsibilities: _____

5. What's covered in employee training: _____

6. What level of first-aid do you require instructors to have: _____

7. Do you do criminal record checks on all staff: Yes No _____

SECTION 4: Auto Exposure

1. Do you have any automobile exposure: Yes No _____

SECTION 3: Coverage Requested

1. Liability limit: _____

2. Other coverage's requested: _____

3. Requested effective date: _____

4. Requested expiry date: _____

SECTION 4: Insurance History

1. Previous carrier: _____

2. Premium: _____

3. Type of policy: _____

4. Policy #: _____

5. Effective date: _____

6. Expiry date: _____

7. Limit: _____

8. Losses: _____

9. Has any insurer ever declined, cancelled, or imposed special conditions for any coverage for you, your facility, or your employees in the past: Yes No

10. Have you, your facilities, or your employees ever been subject to any disciplinary proceedings for professional misconduct: Yes No

11. Are you aware of any circumstance which may result in a claim against you, your business, or your employees: Yes No

11.A. If you answered "yes" to any of the above 3 questions you must provide full details.

SECTION 5: Declaration

It is understood and agreed that the completion of this application and the quote provided shall not be binding either to the proposed insured or to Universal Underwriting Managers/Lloyd's (henceforth called the "insurer") until accepted by both the insurer and insured. The information contained herein shall be the basis of the contract of insurance should a policy be issued.

I declare that the statements made in the this application are complete and true to the best of my knowledge. I understand that the application form will form part of the insurance policy provided through the insurer. I acknowledge that if, at the time of a claim, it is discovered that any question in the application was not answered truthfully, accurately, completely, and to the best of my knowledge it may result in the non-payment of any claim and/or my coverage may be made null and void at the discretion of the insurer.

Your privacy is protected: For a copy of the privacy policy in place please contact your broker.

APPLICANT'S NAME (PLEASE PRINT) _____ APPLICANT'S SIGNATURE _____ DATE _____

BROKER NAME _____ BROKER SIGNATURE _____ AGENCY _____

BROKER PHONE # _____ BROKER FAX # _____ BROKER EMAIL _____

SECTION 6: Climbing wall warranty

This endorsement changes your policy, please read it carefully.

Under the Commercial General Liability Coverage:

The following requirements are conditions to your insurance coverage Violation or non-observance of any of the following conditions will void the coverage for any related incident.

1. An operations manual approved by the association of Canadian Mountain Guides (ACMG) must be followed for all climbing wall activities.
2. A level of professionalism must be demonstrated to the ACMG consisting of annual training from approved sources.
3. Medical requirements: All lead instructors will have advanced first-aid training, there will always be at least one person on the premises with this training, and medical supplies sufficient for this person to do their job will be kept on the premises at all times.
4. All equipment will only be used for it's designed purpose and with proper training.
5. At least one staff member at all times will carry the ACMG Climbing Gym Instructor Certification and all staff will operate under those guidelines.

Please write the following in your own handwriting on the line below: "I HAVE READ AND AGREE TO FOLLOW THESE REQUIREMENTS"

I HAVE READ AND AGREE TO FOLLOW THESE REQUIREMENTS

APPLICANTS SIGNATURE

EMPLOYEES SUPPLEMENT

Please submit an "Employees Supplement" for each guiding employee.

1. Name: _____ 2. Age: _____

3. Years relevant experience: _____ 5. Full-time or part-time: _____

6. Employment Position: _____

7. Is this employees personal vehicle ever used for business activities: _____ Yes No

8. Level of first-aid and CPR training and expiry date: _____

9. Please provide the following information for all applicable certifications:

Certification	Effective date:	Expiry date:

Please attach a copy of this employees resume.