

# Climbing Supplemental Application

**Named Insured:**

## General Information

Location of Operation:	
Annual Gross Sales: \$	
Are you a member of the Climbing Wall Association (CWA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, CWA membership number and expiration date:	
Please list any other association of which you are a member:	
Number of years in business at this location:	years
Total experience in this type of business:	years

## Climbing Wall Information

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

## Equipment Information

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are climbers permitted to climb without harness or safety equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide rental equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is rental limited to on premises only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a "pro shop"?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Staff Information

Is supervision provided at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the supervision provided by a first-aid and CPR certified staff member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the supervisor a certified belayer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all staff members understand the safety rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a full-time staff member positioned to have a clear view of the climbing wall and participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Safety and Training Information</b>	
Are safety rules clearly posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is climbing instruction provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a documented safety orientation provided to all participants prior to climbing:	
Rules for climbing wall	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setup and takedown procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Procedures for reporting problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Harness and rope inspection procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proper belaying techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency takedown procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Belay device failure or entrapment procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the participants sign a release of liability or waiver? If yes, please provide copy of the document.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are minors permitted to use the facility? If yes, under what conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum age requirement for participants?	_____ years
Do you allow participants to belay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum age requirement for belaying?	_____ years
What is the maximum number of people permitted on the wall at any one time?	_____ climbers
Do all climbers have belay experience and/or are provided with a spotter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide any off-premise climbing opportunities? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No