

Cossio Insurance Agency
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APPLICATION FOR CLIMBING GYMS

SECTION A -- APPLICANT INFORMATION

THE FOLLOWING INFORMATION MUST BE ATTACHED FOR A QUOTE

1. WAIVER 2. FIVE-YEAR CURRENTLY VALUED LOSS HISTORY 3. CURRENT FINANCIALS

Name of Insured as it is to appear on policy _____

Doing Business as: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____ Fax number: _____ Email: _____

Address of actual operation if different from above: _____

City: _____ State: _____ Zip: _____

Name of Owner or Insurance Contact at the Gym: _____

Do You : Own Lease Premises? Are you an: Individual Corporation Partnership?

SECTION B -- CLAIMS HISTORY FOR THE LAST 5 YEARS

Describe all claims (regardless of fault) that have occurred in the last **5** years. If none, state "**none**":

Claim: _____ Amount Paid: _____ Date: _____

Claim: _____ Amount Paid: _____ Date: _____

Claim: _____ Amount Paid: _____ Date: _____

Claim: _____ Amount Paid: _____ Date: _____

Claim: _____ Amount Paid: _____ Date: _____

Section C -- Insurance Information

Current insurance company: _____ Expiration Date: _____ Liability Premium: _____

Number of years in business at this location: _____ years? Total experience in this type of business: _____ years?

Deductible: \$1,000 \$2,500 \$5,000

Description of Operation/Location: **(check all that apply with corresponding receipts for rating)**

Climbing Gym Activities

Climbing Wall \$ _____

Portable Wall \$ _____

Pro Shop \$ _____

Equipment Rental \$ _____

Locker Room \$ _____

Swimming Pool \$ _____

Snack Bar \$ _____

Sponsored Special Events or Competitions \$ _____

Outdoor Guiding \$ _____

Land-Based Activities

Hiking and Backpacking\$ _____
Camping\$ _____
Running\$ _____
Initiative Games and Problem-Solving Exercises\$ _____
High and Low Challenge Courses\$ _____
Orienteering/Map & Compass\$ _____
Bicycle Touring\$ _____
Mountain Biking\$ _____
Indoor Wall Climbing\$ _____
Bouldering\$ _____
Top Rope Rock Climbing\$ _____
Rappelling\$ _____

Lead Climbing\$ _____
Multi-Pitch Climbing\$ _____
Mountaineering\$ _____
Glacier Travel \$ _____
Snow and Ice Climbing\$ _____
Caving\$ _____
River Crossing\$ _____
Snowshoeing\$ _____
Cross Country and Back Country Skiing\$ _____
Horseback Riding and Animal Packing\$ _____
Extended Expeditions and Remote Wilderness
Travel\$ _____

Water-Based Activities

Flat Water Canoeing and Kayaking\$ _____
White Water Canoeing and Kayaking\$ _____
River Rafting\$ _____
Sea Kayaking\$ _____
Sailing\$ _____

Swimming\$ _____
Snorkeling\$ _____
Scuba Diving\$ _____
Other, please explain below:

Describe "Other" or any additional operation not listed above: _____

Please attach a form of financials

Section D - Guiding

Do you offer any Outdoor Guide trips overnight? _____ If yes, give the details _____

How many days a year do you offer Outdoor Guiding? _____

Is your staff in control of the belaying during Outdoor Guiding? _____ If no, give details _____

Where is the Outdoor Guiding activity held? _____

How far is the closest Medical Response Facility while Guiding? _____

Are all participants required to sign a waiver for Outdoor Guiding? _____

List any other applicable safety measures taken for Outdoor Guiding? _____

SECTION E -- FACILITY OVERVIEW

Are you a member of any associations? _____ Yes _____ No

If yes, please list: _____

Have you received any Accreditation or Certification for your facility? _____ Yes _____ No

If yes, give the date your Gym was Accredited: _____

Who built your gym? _____

Was GYM built to CWIG or Similar Standards? _____

Describe your methods of Screening Customers before allowing them to Climb? _____

Describe your methods of informing your clientele on the inherent risks of climbing? _____

Describe what you check for during your Belay Test. **(IN DETAIL)** _____

If Belay Test is not passed, when is the client allowed to test again? _____

What type of Belay device is used/allowed? _____

If Gri-Gris are used/allowed, describe testing measures used? _____

If Lead Climbing is allowed, Describe you lead test criteria? _____

Do you follow the Climbing Gym Industry Practices Guidelines? Yes No

Describe where Warning, Climb Smart, Rules, and any other similar Posters are placed in the Gym? _____

Describe your Waiver Policy. – who must sign waivers – required age to sign,? _____

Describe how you maintain the waiver in your records? _____

Who Developed your waiver? _____

Who Reviewed your waiver? _____

Describe your policy regarding the monitoring of your walls/climbers during gym hours? _____

Are climbers allowed to use personal equipment? _____ Describe your policy regarding the screening of the equipment being used by the climbers. _____

Describe the landing surface in your gym. _____

Describe your Equipment Check Policy for walls, hardware, and rental gear. (how often are the check done, are records kept.) _____

Describe your age requirement policy?

Bouldering: _____

Climbing: _____

Belaying: _____

SECTION F – BOULDERING

What is the average height of your bouldering surface? _____

Are warning poster visible in the bouldering area? _____

Section G – Portable Wall

Do you own a portable wall? _____

Who monitors the portable wall while it is in use? _____

Describe your waiver policy for the portable wall? _____

Describe your landing surface for the portable wall? _____

Who built your portable wall? _____

If auto belay are **not** used, who provides the belaying on the portable wall? _____

A COPY OF YOUR WAIVER, FINANCIALS, AND LOSSES MUST BE ATTACHED TO THE APPLICATION

Arkansas, Florida, Kentucky, New Jersey, New York and Pennsylvania

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

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance within the department of regulatory agencies.

Ohio

Any person who, with intent to defraud or knowing that he 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.

Utah

Any person is guilty of workers' compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain workers' compensation insurance coverage, disability compensation, medical benefits, goods, professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises, or material omissions and communicates or causes a communication with another in furtherance of the scheme or artifice.

Oklahoma

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.

California

Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

Applicant's Attestation – I understand that the information contained in this application will be relied upon by the insurer and its agent in determining whether to enter into an insurance contract with the same insured. I hereby represent that all the information provided is truthful, accurate and complete. I understand this application will become part of the insurance contract entered into and that any material misrepresentation or omission will be grounds for the insurer to rescind the policy and all insurance coverage.

Applicants Name: _____

Applicants signature: _____

Date: _____