

**Thank You** for considering **Cossio Insurance Agency**. We strive to give our customers personal service, with the best coverage, at the best rate. Please complete the attached packet and submit back. In order for this packet to be processed quickly, we will need it completed in full. Please follow the checklist that applies to your business.

**New Rock Wall Owners Checklist:**

- Complete Climbing Wall Application
  - Complete Supplemental Application
  - Estimated annual gross sales
  - Both Mailing Address and Location of where the rock wall will be kept
  - Description of Climbing wall and or Diagram
  - Release of Liability Waiver (sample waiver is included in the packet, however the insurance company recommends that you consult a legal counsel in developing your own waiver)
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**Existing Rock Wall Owners Checklist:**

- Complete Climbing Wall Application
- Complete Supplemental Application
- Estimated annual gross sales
- Both Mailing Address and Location of where rock wall will be kept
- Description of Climbing wall and or Diagram
- Release of Liability Waiver (sample waiver is included in the packet, however the insurance company recommends that you consult a legal counsel in developing your own waiver)

**Current Insurance Carrier Information:**

- Declaration page (first page of policy w/liability limits and policy number)
  - Expiration date and Expiring premium
  - Loss History (statement from current carrier stating if you have/have not had any claims)
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Please keep in mind that this is for General Liability coverage, if you want to protect your rock wall while in transit you will need Inland Marine coverage. If you have employees you will need Workers Compensation coverage. Ask us about all of these coverage's.

This completed packet of information is absolutely necessary in order to receive a quote. Any missing item is considered an incomplete application and there will be a delay in processing your request.

Your completed application will leave our office within 48 hours of receiving all information from you; however, once it leaves our office, it is out of our control and in the hands of the underwriters. We will stay in contact with the insurance company underwriters to insure that your application is processed.

We look forward to working with you and if at any time you have a question or concern, please do not hesitate to call.

Cossio Insurance Agency  
[www.cossioinsurance.com](http://www.cossioinsurance.com)  
ph 864-862-2838  
fax 801-640-9298

## Climbing Wall Application

Applicant's business name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Email or Website \_\_\_\_\_

Business contact \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location Address \_\_\_\_\_

Requested effective date \_\_\_\_\_ Years at this location \_\_\_\_\_ Years experience \_\_\_\_\_

Limit \$ \_\_\_\_\_ Corporation \_\_\_ Sole Proprietorship \_\_\_ Other \_\_\_\_\_

### A – ACCESS

1. How is gym access controlled? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Who is allowed to climb on their own, and what are the age limits? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the check-in procedure? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What kinds of verbal contracts or warnings are given? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B – TESTING

1. When is safety testing done? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do tests consist of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What type of certification system is used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What are the guidelines for club users with personal gear? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C – WAIVERS

**It is a condition of coverage that a copy of your waiver/acknowledgment of risk form be submitted with this application. No coverage will be provided unless this condition is met.**

### D – EQUIPMENT

1. What type of equipment is used in the school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of equipment is used in the rental department? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What types of landing surfaces are used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List type of equipment held for sale \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## E – STRUCTURE/MAINTENANCE

1. State the wall and equipment maintenance procedures and schedule? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How are the records kept? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Who is responsible for guidelines and standards? \_\_\_\_\_  
\_\_\_\_\_

4. Who is responsible for route-setting guidelines? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are routes developed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Who designed and built the walls and other permanent structures? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe the use of any portable walls. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## F – MISCELLANEOUS

1. How is climbing area monitored? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What type of first aid equipment is kept on site? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are minimum staff qualifications? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Is there a staff training program?  yes  no If yes, describe.  
\_\_\_\_\_

4. Are spotters required?  yes  no At what height \_\_\_\_\_ft.

5. How are spotters trained? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Receipts from operation

Climbing wall, indoor \$ \_\_\_\_\_

Climbing wall, outdoor \$ \_\_\_\_\_

Equipment Sales \$ \_\_\_\_\_

Other sales \$ \_\_\_\_\_

(describe) \_\_\_\_\_

Rentals \$ \_\_\_\_\_

**Prior Carrier Information**

Prior Carrier	Policy Period	Premium	Brief Description of Claims/Incidents

I hereby make application to Colorado Western Insurance Company (CWIC) for the insurance described above and represent the above statements to be true. Furthermore, I understand that if this application is accepted by CWIC in reliance upon the truth herein, OPERATIONS NOT LISTED AS PART OF THE BUSINESS WILL NOT BE COVERED. In addition, CWIC may elect to exclude some operations which are listed.

**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 information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.**

\_\_\_\_\_

Date

\_\_\_\_\_

Title of Applicant

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Agent/Agency Name

\_\_\_\_\_

Applicant's Name (typed or printed)

**IMPORTANT:** If Hired or Non-Owned Auto coverage is desired, complete the supplemental application and submit for approval and rating.

# Rock Climbing Facilities Supplemental Application

Applicant: \_\_\_\_\_

Location of Business: \_\_\_\_\_  
\_\_\_\_\_

1. What are annual gross sales? \$ \_\_\_\_\_
2. Who designed the wall? \_\_\_\_\_
3. Who installed it? \_\_\_\_\_
4. How is it secured? \_\_\_\_\_
5. How are guidelines secured? (eg. Bolts, eyebolts, etc.) \_\_\_\_\_
6. Has facility been inspected by local governing unit? \_\_\_\_\_
7. Are grasps permanently secured on the wall surface? \_\_\_\_\_
8. Can they be removed and relocated to provide varied climbing strategies? \_\_\_\_\_
9. Are the climbing routes designed by the applicant? \_\_\_\_\_
10. Have they followed the recommended placement of grips by the manufacturer?  
\_\_\_\_\_
11. Is the wall checked at the beginning of each day to insure all grips are secure?  
\_\_\_\_\_
12. Are climbers permitted to climb without harness or safety equipment? \_\_\_\_\_
13. Does the applicant provide climbing instruction? \_\_\_\_\_
14. What is the floor surface? \_\_\_\_\_
15. Does the applicant have a "pro shop"? \_\_\_\_\_
16. Do you rent equipment? \_\_\_\_\_ If yes, explain:  
\_\_\_\_\_
17. Is the rental limited to on premises only? \_\_\_\_\_
18. Is the equipment checked each day prior to use? \_\_\_\_\_
19. What is the maximum number of people permitted on the wall at any one time? \_\_\_\_\_
20. Do all climbers have belay experience and/or provided with a spotter?  
\_\_\_\_\_
21. Does the applicant have a waiver/hold harmless signed by all users? \_\_\_\_\_
22. Are minors permitted to use the facility? \_\_\_\_\_ If yes, under what conditions?  
\_\_\_\_\_
23. Minimum age of participants? \_\_\_\_\_
24. What is the experience of employees? \_\_\_\_\_
25. Any outdoor climbing? \_\_\_\_\_
26. Is this a membership facility? \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# SAMPLE RELEASE OF LIABILITY

This document affects your legal rights. You must read and understand it by initialing or signing it.

**DUTY OF PARTICIPANTS:** It is recognized that some activities conducted by \_\_\_\_\_ are hazardous to participants regardless of all feasible safety measures, which we can take. All participants have a duty to act as a reasonably prudent person when engaging in the recreational activities, which are offered by \_\_\_\_\_. I hereby covenant and agree not to:

- a) act in any way which shall interfere with the running or operation of \_\_\_\_\_ when such activities conform to the rules and regulations of the State of \_\_\_\_\_.
- b) use any of \_\_\_\_\_ equipment or facilities or services if I do not have the ability to use such facilities, equipment, or services safely without instructions until I have requested and received sufficient instruction to permit safe usage.
- c) Engage in any harmful conduct or willfully, or negligently engage in any type of conduct which contributes to as causes injury to any person.
- d) To embark in any self initiated activity without first informing \_\_\_\_\_ of my intentions and receiving permission from \_\_\_\_\_ to engage in such self-initiated activity.

**ACKNOWLEDGMENT AND ACCEPTANCE OF RISK:** I understand and acknowledge that the activity which I am about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks which could result in injury, death, illness or disease, physical or mental, or damage to myself, to my property, or to spectators or other third-parties. I, being aware that this activity to accept and assume all responsibility and risk for injury, death, illness, or disease, or damage to myself or to my property arising from otherwise damaged due to any negligent notions. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of the known and unknown risks.

**RELEASE:** In consideration of the services and/or property provided, I, for myself and any minor children for which I am the parent, legal guardian, or other wise responsible, any heirs, personal representatives, or assigns, do hereby release \_\_\_\_\_, its principals, directors, officers, agents, employees, and volunteers from any liability and waive any claim for damages arising from any cause whatsoever (except that which is gross negligence). I further agree to reimburse you for all attorney's fees and costs should I bring legal action against you and lose.

**ENTIRE AGREEMENT:** I understand that this is the entire Agreement between myself and \_\_\_\_\_, it agents or employees, and that it cannot be modified or changed in any way by the representatives or statements of any employees of \_\_\_\_\_ or by me.

My signature below indicates that I have read this entire document and understand it completely and agree to be bound by its terms.

DATE: \_\_\_\_\_

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SIGNATURE OF PARTICIPANT

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SIGNATURE OF PARENT/GUARDIAN (IF PARTICIPANT IS UNDER 18)

## Broker Of Record

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

## Cossio Insurance Agency

P.O. Box 1304  
Fountain Inn, SC 29644

RE: Broker of Record

This letter is to inform whomever it may concern that we have appointed Larry Cossio at the Cossio Insurance Agency as our Broker of Record for the attached insurance policies.

Respectfully,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date