

**Cossio Insurance Agency**  
P.O. Box 1304  
Fountain Inn, SC 29644  
1-864-862-2838 \* 801-640-9298 Fax

**EXPERIENTIAL SERVICE PROVIDER INSURANCE PROGRAM**

**IMPORTANT: THIS IS NOT A BINDER**

Date prepared \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

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

Name of contact person: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Do you provide:

- |  |         |        |                                    |
|--|---------|--------|------------------------------------|
| Experiential-Based Programs                      | [ ] yes | [ ] no | If yes, complete sections A & B    |
| Experiential Instructor Training                 | [ ] yes | [ ] no | If yes, complete sections A, B & C |
| Challenge Course Construction and/or Inspections | [ ] yes | [ ] no | If yes, complete sections A, B & D |

The following information **MUST** be included with the signed application, to be accepted:

- 1) Copies of all staff adventure course training certificates and/or resumes for key personnel
- 2) Copy of course inspection conducted within the past 12 months by a professional firm
- 3) Company Brochures
- 4) Attach list of entities needing certificate of insurance, including additional insureds. (State nature of relationship.)

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

As a condition of coverage under this policy, the Insured represents that all Challenge Course operations are conducted in compliance with the applicable operational standards of the Association of Challenge Course Technology (A.C.C.T.).

\_\_\_\_\_  
Applicant's Signature & Title  
(Application must be signed by Insured)

**SECTION A – GENERAL INFORMATION**

1. Name & Location of Challenge Course: \_\_\_\_\_  
\_\_\_\_\_
2. Legal Status:     individual             partnership             corporation             joint venture  
                          for profit             non-profit             tax exempt             other
- Years in Business: \_\_\_\_\_            Years under present management: \_\_\_\_\_
3. Coverage requested:                             business auto                             general comprehensive liability
4. Deductible Requested:                             \$1,000                             \$2,500                             \$5,000
5. Date of last ropes course inspection by professional firm \_\_\_\_\_
6. Name of Firm \_\_\_\_\_
7. Name of Accident Medical Insurance Provider \_\_\_\_\_
8. Membership Status with the Association of Challenge Technology:
- |                                      |                              |                             |
|--------------------------------------|------------------------------|-----------------------------|
| Level 1 Associate member of ACCT     | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Level 2 Institutional Member of ACCT | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Level 3 Professional Vendor Member   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Level 4 Professional Vendor Member   | <input type="checkbox"/> yes | <input type="checkbox"/> no |

**SECTION B – EXPERIENTIAL SERVICE PROVIDERS**

1. Total anticipated number of participant days per year \_\_\_\_\_  
Anticipated Receipts \_\_\_\_\_  
For example: 2 day event/program with 15 participants would be calculated as 30 participant days.)
2. Types of services provided (indicate # of participant days in each activity per year):
- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> challenge/ropes course _____  | <input type="checkbox"/> backpacking _____   | <input type="checkbox"/> orienteering _____             | <input type="checkbox"/> lodging _____ |
| <input type="checkbox"/> portable elements _____       | <input type="checkbox"/> rock climbing _____ | <input type="checkbox"/> cross country skiing _____     | <input type="checkbox"/> _____         |
| <input type="checkbox"/> indoor / classroom work _____ | <input type="checkbox"/> rappelling _____    | <input type="checkbox"/> flatwater canoe / kayak _____  | <input type="checkbox"/> _____         |
| <input type="checkbox"/> environmental education _____ | <input type="checkbox"/> caving _____        | <input type="checkbox"/> open water canoe / kayak _____ | <input type="checkbox"/> _____         |
- Are you requesting coverage for:     challenge course only     all activities listed above (Complete supplemental application.)
3. Do you own your program sites?     yes                             no - explain \_\_\_\_\_
4. Participant demographics (indicate approximate % of each per year):
- |                  |       |               |       |             |       |               |       |
|------------------|-------|---------------|-------|-------------|-------|---------------|-------|
| youth (under 18) | _____ | school groups | _____ | campers     | _____ | youth at risk | _____ |
| adults (age 18+) | _____ | corporation   | _____ | therapeutic | _____ | disabled      | _____ |
- other (explain) \_\_\_\_\_
5. What is your staff to participant ratio? \_\_\_\_\_
6. Are liability waivers and release forms utilized?  yes  no (If yes, please attach copy)

7. Number of staff: \_\_\_\_\_ full-time    \_\_\_\_\_ full-time/seasonal    \_\_\_\_\_ part-time    \_\_\_\_\_ contract  
 Are staff presently covered by workers' compensation insurance?     yes     no
- a. Policy carrier \_\_\_\_\_
- b. Policy number \_\_\_\_\_ Policy period \_\_\_\_\_
8. Do you allow other organizations to use or rent your facilities     yes     no  
 If so, explain \_\_\_\_\_  
 Total Gross Receipts from Course Rental \$ \_\_\_\_\_  
 Do you require certificates of insurance naming you as additional insured?     yes     no

**SECTION C – EXPERIENTIAL INSTRUCTOR TRAINING PROVIDERS**

1. Number of instructors trained per year (NOT your own employees) \_\_\_\_\_
2. List activities or subjects for which you offer training \_\_\_\_\_
3. Do you adhere to ACCT standards for Challenge Course training?     yes     no
4. Do you adhere to AEE or ACA standards for all other training?     yes     no
5. Do you offer a verification for successful training completion     yes     no
6. Do you sub-contract any training to other individuals or organizations?     yes     no

**SECTION D – CHALLENGE COURSE BUILDERS, INSPECTORS, SITE/COURSE ACCREDITATION/CERTIFICATION:**

1. Yearly construction payroll/repair payroll and/or inspections payroll/repair/inspections \_\_\_\_\_
2. Yearly Payroll for Site/Course Accreditation/Certification \_\_\_\_\_
3. Estimated number of courses built per year \_\_\_\_\_
4. Estimated number of courses repaired/upgraded per year \_\_\_\_\_
5. Estimated number of safety inspections completed per year \_\_\_\_\_
6. Do you adhere to ACCT standards?     yes     no
7. Do you sub-contract any construction/repair/inspections to other individuals or organizations?     yes     no
8. Other than standard construction of ropes courses, do you manufacture or market any other products?     yes     no
- a) If yes, please explain \_\_\_\_\_
- b) What are your annual gross sales of these products? \_\_\_\_\_

Please attach additional explanation if necessary and attach brochures.

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**EXPERIENTIAL SERVICE PROVIDERS INSURANCE PROGRAM**

**SUPPLEMENTAL APPLICATION**

1. **Open Water Canoe/Kayak:** Description of Activities (Include Who, When, Where, How Often, and **Class of Water**)\_\_\_\_\_

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List Instructor Qualifications:\_\_\_\_\_

2. **Backpacking:** Description of Activities (Include When, Where, How Often, and Who) **Overnight?**  Yes  No

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List Instructor Qualifications:\_\_\_\_\_

3. **Cross Country Skiing:** Description of Activities (Include When, Where, How Often, and Who)\_\_\_\_\_

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List Instructor Qualifications:\_\_\_\_\_

4. **Caving:** Description of Activities (Include When, Where, How Often, and Who)\_\_\_\_\_

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List Instructor Qualifications:\_\_\_\_\_

5. **Rock Climbing:** Description of Activities (Include When, Where, How Often, Who, **Ratio**) **Natural Rock Face?**  Yes  No

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List Instructor Qualifications:\_\_\_\_\_

6. **Orienteering:** Description of Activities (Include When, Where, How Often, and Who)\_\_\_\_\_

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List Instructor Qualifications:\_\_\_\_\_

7. **Rappelling:** Description of Activities (Include When, Where, How Often, Who, and **Ratio**) **Top Roped?**  Yes  No

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List Instructor Qualifications:\_\_\_\_\_

**REQUEST FOR CERTIFICATE OF INSURANCE/  
ADDITIONAL INSURED CERTIFICATE**

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. Request is for:  Certificate of Insurance  Additional Insured (\$50 charge)  
 Waiver of Subrogation (\$250 charge)  
 General Liability  Commercial Auto  Umbrella  Workers' Comp.

2. Describe your relationship with the entity listed below.

Client  Landlord  Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Give exact name and address of certificate holder as it should appear on the certificate. This information will also be used to mail the certificate.

Entity: \_\_\_\_\_

Person's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## I. HIRED AUTO COVERAGE

1. Why is hired auto coverage being requested? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Types of autos hired: \_\_\_\_\_  
How are they used? \_\_\_\_\_  
What is the gross vehicle weight of commercial autos? \_\_\_\_\_  
What is the passenger capabilities of public autos? \_\_\_\_\_
3. Does the applicant have a commercial policy? \_\_\_\_\_
4. Does any agent, independent contract, subcontractor, or employee rent autos in the applicant's name?  
YES/NO If yes, please explain. \_\_\_\_\_
5. Estimated cost of rented vehicles: This year: \$ \_\_\_\_\_ Last year: \$ \_\_\_\_\_ Is the applicant involved in any arrangements for the borrowing or bartering for the use of autos? YES?NO If yes, please explain. \_\_\_\_\_
6. Are drivers to be provided by the applicant to operate hired autos? YES?NO If no, will the drivers be required to provide Certificates of Insurance? YES?NO What are the minimum liability limits required by the lessee(applicant): \_\_\_\_\_
7. Will the applicant be named as an additional insured on the lessor's policy? YES/NO
8. Does the applicant own or control any subsidiary or is it affiliated with any other corporation? \_\_\_\_\_
9. What is the business of the subsidiary or affiliate? \_\_\_\_\_

## II. NON-OWNED AUTO COVERAGE

1. Why is non-ownership liability coverage being requested? \_\_\_\_\_  
\_\_\_\_\_
2. What types of non-owned autos will be used in the applicant's business? \_\_\_\_\_  
\_\_\_\_\_
3. How often are non-owned autos used in the applicant's business? \_\_\_ Daily \_\_\_ Weekly \_\_\_ Monthly  
Estimated hours per month: \_\_\_\_\_
4. What is the estimated annual mileage for use of all non-owned autos? \_\_\_\_\_ Miles.

5. What is the maximum distance which a non-owned auto may be driven from the applicant's premises?  
\_\_\_\_\_ Miles.
6. Total number of non-owned autos used in the applicant's business:\_\_\_\_\_
7. Total number of employees:\_\_\_\_\_
8. Total number of officer and partners:\_\_\_\_\_
9. If a social service operations, indicate total number of volunteers furnishing autos in the applicant's operation:\_\_\_\_\_ Maximim number of volunteers at any one time:\_\_\_\_\_
10. Does the applicant require employees and volunteers to have their own insurance? YES/NO If yes, what are the minimum limits required?\_\_\_\_\_
11. Will the applicant use non-owned autos other than those owned by employees? YES/NO If yes, please describe relationship:\_\_\_\_\_
12. Does the applicant obtain motor vehicle records for all drivers?\_\_\_\_\_
13. Does the applicant understand that we intend to audit his/her records regarding the cost of hire and/or non-owned exposures? YES/NO

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_