

Cossio Insurance Agency
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APPLICATION FOR CLIMBING WALLS

SECTION A -- APPLICANT INFORMATION

1. Name of Insured as it is to appear on policy _____
Doing Business as: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone number: _____ Fax number: _____ Email: _____
2. Address of actual operation if different from above: _____
City: _____ State: _____ Zip: _____
Telephone number: _____ Fax number: _____ Email: _____
3. Name of Owner or Insurance Contact: _____
4. Do You : Own Lease Premises? Are you an: Individual Corporation Partnership?

SECTION B -- CLAIMS HISTORY FOR THE LAST 3 YEARS

1. Describe all claims (regardless of fault) that have occurred in the last 5 years:
 - a) Claim: _____ Amount Paid: _____ Date: _____
 - b) Claim: _____ Amount Paid: _____ Date: _____
 - c) Claim: _____ Amount Paid: _____ Date: _____
 - d) Claim: _____ Amount Paid: _____ Date: _____
 - e) Claim: _____ Amount Paid: _____ Date: _____

Section C -- Insurance Information

1. Name of current insurance company: _____ Expiration Date: _____ Premium: _____
2. Number of years in business at this location: _____ years? Total experience in this type of business: _____ years?
3. Description of Operation/Location: (check all that apply)
 Portable Wall Other
4. What is the height of your walls: _____
5. Describe "Other" or any additional operation not listed above: _____
6. Is your rock wall portable or in a permanent location? _____
7. Describe the supervision policy of the wall? _____

