



# CLIMBING WALL OPERATORS GENERAL APPLICATION

## A. CLIENT INFORMATION

1. Legal name: \_\_\_\_\_
2. Operating name: \_\_\_\_\_
3. Contact name: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Phone: \_\_\_\_\_
6. Fax: \_\_\_\_\_
7. Street Address: \_\_\_\_\_
8. City: \_\_\_\_\_
9. Province: \_\_\_\_\_
10. Postal Code: \_\_\_\_\_
11. Country: \_\_\_\_\_
12. Website Address: \_\_\_\_\_
13. Additional insured and interest as it shall appear on the policy: \_\_\_\_\_

## B. RISK INFORMATION

1. Description of operations: \_\_\_\_\_  
\_\_\_\_\_
2. Describe any operations, marketing, or business travel outside of Canada: \_\_\_\_\_  
\_\_\_\_\_
3. Describe any off-site operations: \_\_\_\_\_  
\_\_\_\_\_
4. Inception date of business: \_\_\_\_\_
5. Type of legal entity: \_\_\_\_\_
6. Years of relevant experience: \_\_\_\_\_
7. List all industry association of which the applicant is a member in good standing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. List all regulating bodies which the applicant is subject to: \_\_\_\_\_  
\_\_\_\_\_
9. Does the applicant offer online waivers: ☐ Yes ☐ No
10. Are waivers witnessed by an employee: ☐ Yes ☐ No

11. Describe how and where legal documents are stored: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Describe any sub-contractors used and their insurance including limits, coverage, and carriers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Please provide the following revenue information:  
Lead Climbing: \_\_\_\_\_ Top roping: \_\_\_\_\_ Belay courses: \_\_\_\_\_ Birthday parties: \_\_\_\_\_  
Equipment rentals: \_\_\_\_\_ Equipment sales: \_\_\_\_\_ Non-alcoholic beverages: \_\_\_\_\_  
Alcoholic beverages: \_\_\_\_\_ Food: \_\_\_\_\_
14. Describe equipment rentals and sales: \_\_\_\_\_  
\_\_\_\_\_
15. Where is first-aid equipment located: \_\_\_\_\_
16. Minimum level of first-aid on premises: \_\_\_\_\_
17. Outline pre-climbing safety information: \_\_\_\_\_  
\_\_\_\_\_
18. Is all client equipment checked for safety and adequacy: ☐ Yes ☐ No
19. Are climbing shoes and helmets required at all times: ☐ Yes ☐ No
20. Describe the belay test(s) for top rope and lead climbing: \_\_\_\_\_  
\_\_\_\_\_
21. Is any non-certified safety equipment used, rented, or sold? ☐ Yes ☐ No  
if Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
22. Describe equipment maintenance procedures: \_\_\_\_\_  
\_\_\_\_\_
23. What is the minimum number of employees on premises at any time: \_\_\_\_\_
24. Total number of employees: \_\_\_\_\_
25. How many employees are under 18: \_\_\_\_\_
26. How are employees qualifications verified: \_\_\_\_\_  
\_\_\_\_\_
27. Outline employee training: \_\_\_\_\_  
\_\_\_\_\_
28. Describe height and location of bouldering: \_\_\_\_\_  
\_\_\_\_\_
29. Is bouldering allowed in the same area as roped climbing? ☐ Yes ☐ No
30. Please provide the following information about the wall:  
Height of wall: \_\_\_\_\_ Width of wall: \_\_\_\_\_ Overhead angle: \_\_\_\_\_  
Square footage occupied: \_\_\_\_\_ Year Built: \_\_\_\_\_ Date of last engineer inspection: \_\_\_\_\_  
Number of anchors/ropes: \_\_\_\_\_ Number of lead climbs: \_\_\_\_\_
31. Please provide the following participant information:

% under 18 years old:\_\_\_\_\_ % 19-30 years old:\_\_\_\_\_ % 31-55 years old:\_\_\_\_\_

% over 55 years old:\_\_\_\_\_ % inexperienced:\_\_\_\_\_ % moderately inexperienced::\_\_\_\_\_

% highly inexperienced:\_\_\_\_\_

32. Are minors allowed to participate without a legal guardian present? ☐ Yes ☐ No

## C. AUTO EXPOSURE

1. List year, make, and model of all vehicles:\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
2. Do staff or clients use their own vehicles? ☐ Yes ☐ No
- if Yes, please describe:\_\_\_\_\_
- \_\_\_\_\_
3. Does a qualified mechanic perform regular maintenance on vehicles? ☐ Yes ☐ No
4. Is a pre-trip vehicle safety inspection always done? ☐ Yes ☐ No
5. Auto liability limit(s) carried:\_\_\_\_\_
- \_\_\_\_\_

## D. INSURANCE HISTORY

1. Has the applicant ever been canceled, declined, refused for insurance? ☐ Yes ☐ No
- \_\_\_\_\_
2. Is the applicant aware of any potential claims? ☐ Yes ☐ No
- \_\_\_\_\_
3. Provide details of all claims and incidents:\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. Has the applicant, the business, or any employees ever been subject to disciplinary action? ☐ Yes ☐ No
- \_\_\_\_\_
- \_\_\_\_\_

## E. COVERAGE REQUIRED

1. Liability limit:\_\_\_\_\_ 2. Tenants legal liability limit:\_\_\_\_\_ 3. Deductible:\_\_\_\_\_
4. Property limit:\_\_\_\_\_ 5. Effective date:\_\_\_\_\_ 6. Expiry date:\_\_\_\_\_
7. List previous carrier, coverage, limits, and expiry date:\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Describe any liquor liability exposure(s):\_\_\_\_\_
- \_\_\_\_\_
9. Describe any non-owned auto exposure(s):\_\_\_\_\_
- \_\_\_\_\_
10. Describe any international exposure(s):\_\_\_\_\_
- \_\_\_\_\_

F. ADDITIONAL INFORMATION REQUIRED

Please provide the following additional information:

- 1. Risk management plan if available.
- 2. Details of claims and incidents.
- 3. Schedule of property to be insured.
- 4. Sample pre-climbing safety information.
- 5. Most recent financial statements.
- 6. Marketing materials including brochures.
- 7. Photos of locations(s), equipment, and vehicle(s).
- 8. Sample registration form, medical form, and waiver.

G. BROKER INFORMATION

- 1. Broker office: \_\_\_\_\_
- 2. Producer name: \_\_\_\_\_
- 3. Broker Phone: \_\_\_\_\_
- 4. Producer Phone: \_\_\_\_\_
- 5. Producer Fax: \_\_\_\_\_
- 6. Producer email: \_\_\_\_\_
- 7. Street Address: \_\_\_\_\_
- 8. City: \_\_\_\_\_
- 9. Province: \_\_\_\_\_
- 10. Postal Code: \_\_\_\_\_
- 11. Country: \_\_\_\_\_

H. NOTES

- 1. Please provide any additional information to assist in underwriting this risk: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. DECLARATION**

**THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:**

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

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

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

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