



8722 S. Harrison St. Sandy, UT 84070  
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 877-585-2853 • Fax 877-585-2854  
 quotes@primeis.com

## CLIMBING WALLS

**Special Note:** It is critical that we have a clear understanding of your operation. Also, booking trips for others in not covered by this coverage contract. The entities you book for must name you as an additional insured on their coverage.

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

### 1. General Information.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did the person or persons who constructed your wall have the necessary experience and qualifications to assure that the wall was adequately over built to assure that there will be no wall failures?
<input type="checkbox"/>	<input type="checkbox"/>	Can you enclose a blueprint (for large walls, gyms, or free standing towers) or a detailed construction diagram (for smaller walls) for your wall?
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently have, or are you willing to implement an orientation program which must be completed by novice climbers in order to climb on the wall?
<input type="checkbox"/>	<input type="checkbox"/>	Have you posted, or in some way made available user safety rules and regulations for the use of your climbing wall?
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to secure you wall during closed, non-use, or un-supervised hours?
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing to require that a mechanical or sticht-plate type belay device be used for all belaying?
<input type="checkbox"/>	<input type="checkbox"/>	Do you supply ropes and harnesses?
<input type="checkbox"/>	<input type="checkbox"/>	Is the wall supervised during all hours of regular operation?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of any professional organization? If yes, please identify:
<input type="checkbox"/>	<input type="checkbox"/>	Provide copies of all brochures and promotional material, include material which portrays your operation (articles, awards, achievements, etc.)

2. Please provide a copy of the Release and Acknowledgement of Risk Form each guest will read and sign.

### 3. Business Activities.

DESCRIPTION OF ACTIVITY	ANNUAL # OF GUESTS OR PARTICIPANTS	X	NUMBER OF DAYS EACH PERSON PARTICIPATED	=	TOTAL USER DAYS
Climbing Wall		x		=	
Climbing Wall Instructional		x		=	
Climbing Wall Competitions		x		=	

DESCRIPTION OF ACTIVITY	ANNUAL # OF GUESTS OR PARTICIPANTS	X	NUMBER OF DAYS EACH PERSON PARTICIPATED	=	TOTAL USER DAYS
Other		x		=	
Climbing Wall		x		=	
Climbing Wall Instructional		x		=	

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name