



P.O. Box 2009, Glen Allen, VA 23058-2009
800-431-1270 Fax: 804-527-7966

Insured's Name: _____

Section I - Construction and Maintenance

- 1. How many climbing walls do you have on premises? _____
- 2. Was the climbing wall constructed by a professional with a Certificate of Insurance covering completed operations liability? Yes No
- 3. Are safety rules posted? Yes No
- 4. What is the height of each wall? Wall 1: _____ Wall 2: _____ Wall 3: _____

Note: If all walls are under 8 feet in height, skip remaining questions. Sign and date document on page 2.

- 5. Is there a certificate from a certified engineer or an approved vendor stating:
 - that the construction of the wall meets local and state building codes; **and**
 - that the belay system will exceed maximum possible stresses that all climbers can produce from simultaneous falls? Yes No
- 6. Is there a minimum of 6 inches of fall protection beneath the climbing wall out to a distance of 6 feet? Yes No
- 7. Are the belay system anchors "backed-up"? Yes No
- 8. Is climbing wall maintenance performed at least on an annual basis? Yes No
- 9. Is maintenance conducted by an outside professional resource such as a certified engineer or professional firm with proof of insurance? Yes No
- 10. Is a rope log maintained and used for daily operation? Yes No
- 11. Is the belayer anchored to a secure point? Yes No
- 12. Is there a program in place to identify equipment (ropes, harnesses, carabiners, etc.) that should be retired?

Yes No If Yes, describe: _____

Section II - Operation and Training

- 13. Is there a documented training program in place which includes:
 - a) Rules for the climbing wall? Yes No
 - b) Harness and rope inspection? Yes No
 - c) Proper belay techniques? Yes No

- d) Belay device failure or entrapment? Yes No
- e) Set-up and take-down procedures? Yes No
- f) Emergency take-down procedures? Yes No
- g) Procedures for reporting problems? Yes No

14. Are belayers approved prior to their use of the wall? Yes No

15. Are the following always present when the wall is being used:

- a) A staff member who understands the safety rules and is certified to belay on the wall? Yes No
- b) A full-time staff member who holds a current certification in either Red Cross First Aid and CPR for the Professional Rescuer; or National Safety Council Level II First Aid? Yes No
- c) A full-time staff member positioned to have a clear and unobstructed view of the climbing wall and participants? Yes No
- d) A First Aid kit? Yes No

16. Is there a minimum age for belayers? Yes No If Yes, what age? _____

17. Describe your emergency response plan in case of an accident, including distance of your facility from ambulance and hospital. _____

Section III – Portable Climbing Walls (complete if applicable)

- 18. Does the portable climbing wall receive an annual inspection by a qualified ACCT PVM*? Yes No
- 19. Are state inspection requirements met (if any)? Yes No
- 20. Do you obtain a Certificate of Insurance and warranty from the wall manufacturer? Yes No
- 21. Are auto-belay device cables inspected and/or replaced at least annually? Yes No
- 22. Is your staff trained annually by the wall manufacturer or ACCT PVM*? Yes No
- 23. Is all staff training documented? Yes No
- 24. Do you obtain a signed waiver or release from all participants who climb off-site? Yes No
- 25. Do all your trailer drivers have Commercial Drivers' Licenses with formal CDL training? Yes No
- 26. Do you document all CDL training? Yes No

**ACCT PVM = Association for Challenge Course Technology, Professional Vendor Member*

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

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I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____