

Submission # _____

Health & Fitness Application
Ropes Course Supplement
(A Copy of this Page is Required for Each Location)

ROPES COURSE INFORMATION

Location #: _____

Address: _____

Name of Ropes Course	Manufacturer	Vertical or Horizontal	Greater or less than 20ft high

What is your customer age requirement? No one under the age of: _____ No one over the age of: _____

Are there any customer weight restrictions? No one under (lbs): _____ No one over (lbs): _____

Are there any medical restrictions such as heart, pregnancy, or back problems? No Yes

If yes, please describe: _____

Are safety harnesses fitted to the size of the person? No Yes

What type of track system does your ropes course use? Safety Puck Track

What type of safety harness do you use? Chest Harness Quick Harness Full Body Harness

Is there an employee safety line? No Yes

EMPLOYEE INFORMATION

How many employees are used when the ropes course is in operations? _____

Are your employees trained? No Yes

Are all employees that operate the ropes course certified? No Yes

If yes, do you recertify your employees? No Yes

PROPERTY COVERAGE (Optional)
(Only available if the policy provides property coverage)

Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000

Level of Complexity: Low Complexity Medium Complexity High Complexity

When was the Ropes Course constructed?

Within the last year Within the last 2 years Not within the last 2 years

Limit Requested: _____

Applicant's Signature: _____

Date: _____