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CWA Climbing Wall Facility Application

Section I. - General Information

Named Insured (Legal Name):

Doing business as:

Type of Operation: Climbing Gym Other (describe):

Insured is: Corporation Partnership Joint Venture Other (explain)

Do you Own or Lease your Gym?: Own Lease

If Own, do you have a separate entity that owns the Building, Property or Real Estate? Yes No

If yes, what is the Legal name?

Number of Locations (separate application required for each location):

Location 1 Address:

(Street)

(City)

(State) (Zip)

Location 2 Address:

(Street)

(City)

(State) (Zip)

Mailing Address:

(Street)

(City)

(State) (Zip)

Contact Person:

Title:

Phone number:

E-mail address:

Website address:

Years in Business:

FEIN #:

Are you a current member of the Climbing Wall Association (CWA)? Yes No

Please note that only CWA members can access the CWA Insurance Program

Are you a member of any other associations? (If yes, please list)

Section II. - Current Coverage and Claim Information

Select desired coverage and provide Effective Date, Premium, Number of Claims and Amount Paid in claims. If you have not had any claims or losses, then write in "0" or "none." Separate applications required for certain coverage requests.

Coverage	Quote Requested	Effective Date	Premium	Number of Claims	Amount Paid in Claims
General Liability	<input type="checkbox"/>				
Umbrella/Excess	<input type="checkbox"/>				
Accident Medical	<input type="checkbox"/>				
Property	<input type="checkbox"/>				
Auto	<input type="checkbox"/>				
Liquor Liability	<input type="checkbox"/>				
Worker's Compensation	<input type="checkbox"/>				
Directors & Officers	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

Describe all claims for any coverage listed above:

Please Provide 5 years of currently valued Loss Runs for all coverage requested.

Section III. – Revenue, Activity and Participant Detail:

Total Annual Revenue	\$
Climbing Wall (including Bouldering)	\$
Retail Shop	\$
Equipment Rental	\$
Special Events, including Competitions	\$
Portable Wall	\$
Camps	\$
Fitness/Yoga/Strength Training	\$
Concessions	\$
Off-Site Activities	\$
Alcohol or Liquor Sales	\$
Other:	\$
Other:	\$
Other:	\$

Please select all activities that you have and indicate if they are at your gym and/or at off-site (another climbing gym, state park, etc.) locations:

Activity	On-site	Off-site	Activity	On-site	Off-site
Roped/Wall Climbing	<input type="checkbox"/>	<input type="checkbox"/>	Instructional Classes	<input type="checkbox"/>	<input type="checkbox"/>
Lead Climbing	<input type="checkbox"/>	<input type="checkbox"/>	Portable Wall	<input type="checkbox"/>	<input type="checkbox"/>
Ice Climbing	<input type="checkbox"/>	<input type="checkbox"/>	Team Building	<input type="checkbox"/>	<input type="checkbox"/>
Bouldering	<input type="checkbox"/>	<input type="checkbox"/>	Private Instruction	<input type="checkbox"/>	<input type="checkbox"/>
Auto-Belay	<input type="checkbox"/>	<input type="checkbox"/>	Climbing Team	<input type="checkbox"/>	<input type="checkbox"/>
Treadwall	<input type="checkbox"/>	<input type="checkbox"/>	Slackline	<input type="checkbox"/>	<input type="checkbox"/>
Day Camps	<input type="checkbox"/>	<input type="checkbox"/>	Transport Participants	<input type="checkbox"/>	<input type="checkbox"/>
Overnight Camps	<input type="checkbox"/>	<input type="checkbox"/>	Lock-ins	<input type="checkbox"/>	<input type="checkbox"/>
Ropes/Challenge Course	<input type="checkbox"/>	<input type="checkbox"/>	Fitness	<input type="checkbox"/>	<input type="checkbox"/>
Inflatable Games	<input type="checkbox"/>	<input type="checkbox"/>	Rappelling:	<input type="checkbox"/>	<input type="checkbox"/>

Water activities (pool, swimming, kayaking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Other, explain:	<input type="checkbox"/>	<input type="checkbox"/>
Guided Trips/Expeditions	<input type="checkbox"/>	<input type="checkbox"/>	Other, explain:	<input type="checkbox"/>	<input type="checkbox"/>

Participant Numbers:

Annual Number of Adult Gym Members
 Number of Youth Gym Members

Annual

Estimate the total number of climbers/participants that participate in your Gym’s activities (on-site and off-site). Count each climber/participant one time regardless of number of visits:

Annual number of Adult participants:

Annual number of Youth participants:

Section IV. – Gym Overview:

1. What is the total square footage of your gym?
2. Do you have tenants? Yes No
 - a. If yes, describe and provide square footage they occupy:
3. Do you have a Certificate of Occupancy and all necessary permits & licenses? Yes No
4. Who designed and installed your climbing structure?
5. When was it installed?
6. Was the gym built to CWA or similar standards? Yes No
7. Does your state require an annual inspection? Yes No
8. How often are the climbing structures inspected, when was the last inspection and who performed it?
 - a. Were all recommendations followed? Yes No
 - b. If not, then why not?
9. Describe the installed landing surfaces in:
 - a. General Climbing area:
 - b. Bouldering area):
 - c. Do you allow the use of supplemental pads in the bouldering area? Yes No
10. When was your installed flooring last updated? Describe updates:
11. Describe where Warning and Safety Rules are placed in the Gym:
12. Are the facility rules prominently posted within the facility? Yes No
13. Is there video camera surveillance? Yes No
 - a. If yes, indoor, outdoor (parking area) or both:
 - b. Do you save the recording in the event of serious injury or accident? Yes No
14. Describe Emergency Equipment that is maintained on site (i.e first aid kit, Automatic External Defibrillator/AED, rescue bag, etc.)
15. Do you provide or rent personal protective equipment to climbers in your facility, including but not limited to, belay devices, carabiners, climbing harnesses, or lead ropes? Yes No
16. What types of Belay devices are allowed?
17. Are GriGris or similar devices allowed/required/banned? Allowed Required Banned
18. Do you require the climber to successfully complete an orientation, training and/or assessment prior to allowing the climber to use an unfamiliar piece of equipment without staff assistance or direct supervision? Yes No

19. Describe your Equipment inspection and maintenance policy for facility-owned equipment, including but not limited to, belay devices, carabiners, harnesses, ropes, lead ropes, webbing, and cordage:
20. Do you maintain inspection records of facility-owned equipment? Yes No
21. Do these records include information on the age of facility-owned equipment, Yes No
 a. If not, why not?
22. Are climbers allowed to use personal protective equipment? Yes No
23. Do you reserve the right to disallow the use of personal protective equipment? Yes No
 a. If yes, under what circumstances:

Section V: Operations and Employee Training

1. Do you follow the CWA Industry Practices? Yes No
2. Describe the supervisory plan for the climbing facility, including how walls are monitored, during the hours of operation.
3. Do you have a written operations manual that contain necessary operating policies, procedures and/or practices? Yes No
4. Do you have a program in place for training employee/staff/volunteers in all relevant aspects of your gym's operations? Yes No
5. Do you maintain an Employee Training checklist or log that records the training received by each employee/staff member? Yes No
6. Do you evaluate your employee's performance periodically? Yes No
7. Do you have a workplace safety program in place and train employees in essential workplace safety measures for work at height? Yes No
8. Do you have a written emergency response plan in place that addresses prompt and appropriate response to accidents, injuries, illnesses and other emergencies? Yes No
 a. Please provide a copy or an outline of this plan.
9. Are Staff trained on emergency protocol and response? Yes No
10. Do you have a system of incident/accident reporting in place to inform management of potentially reportable incidents? Please provide a copy of your incident report. Yes No
11. Do you have any Independent Contractors? Yes No
 a. If yes, describe, such as: route setters (including competitions), inspectors, fitness/yoga instructors, climbing team coaches, or any other activity?
 b. Do all independent contractors sign an independent contractor agreement? Yes No
12. Are independent contractors required to carry Liability insurance and name the Gym as additional insured? Yes No
 a. If not, why not?

13. Describe the route setting program in place at your facility. Describe any policies you maintain regarding risk management as it pertains to route-setting. For example, is the area below the route setting secured?:

14. Number of Employees: Full time: Part time: Independent Contractors:

Indicate certification or credentials are held by staff:

	All Staff	Some Staff (explain: i.e. outdoor guides only, climbing team coach, etc.)	None
CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing Wall Association Certified Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section VI: Participant Screening, Training and Assessment

1. Do you provide an orientation or introduction to each and every new client that provides general information about the climbing areas, types of climbing allowed or not allowed and any other rules or restrictions on the use of the facility? Yes No
 - a. If no, please provide additional detail regarding your orientation/introduction process:
 - b. Please provide a copy or outline of this orientation.
2. Do you describe the reasonably foreseeable hazards and risks associated with your products and services with the customer prior to participation and warn them that risks exist in climbing that cannot be eliminated? Yes No
3. Describe your screening process for new clients prior to allowing full access to the facility:
4. Describe how you manage climber access within the facility according to the climber's level of proficiency.
5. Do you provide a top rope belaying and climbing test that each and every belayer must pass before being allowed to belay without staff assistance or direct supervision? Yes No
 - a. Are the results of this test recorded and kept in a record keeping retrieval system? Yes No
6. What you check for during your Belay Test?
 - a. If Belay Test is not passed, when is the client allowed to test again?
 - b. Please provide a copy of this test or assessment.
7. Does your gym have lead climbing? Yes No

- a. If so, do you provide a lead belaying and climbing test that each and every belayer must pass before being allowed to climb without staff assistance or direct supervision? Yes No
- b. Are the results of this test recorded and kept in a record keeping retrieval system? Yes No
- Please provide a copy of this test or assessment.
8. Does your gym have bouldering? Yes No
- a. Do you provide an orientation to bouldering before new clients are allowed to boulder without staff assistance or direct supervision? Yes No
- i. If not, why not?
- b. What is the maximum height of your bouldering walls?
- c. What is your gym's policy on spotters? Required? Recommended?
- d. Do you allow Top Out bouldering? Yes No
- e. Are warning posters visible in the bouldering area? Yes No
- f. Please provide a copy of bouldering rules and orientation
9. Do you have auto-belay devices? Yes No
- a. How many? Manufacturer:
Age:
- b. Do you provide an auto-belay device orientation and proficiency test for each and every climber that the climber must pass before being allowed to use the auto-belay device without staff assistance or direct supervision? Yes No
- i. If not, why not?
- c. Are the results of this test recorded and kept in a record keeping retrieval system? Yes No
- d. Please provide a copy of this test or assessment
- e. Does each auto-belay have a barrier or gate? Yes No
- f. Describe signage (including location of signs) or monitoring system in place to remind climbers to clip into the auto-belay:
- g. Are the auto-belay devices inspected and serviced according to the manufacturer's recommended schedule? Yes No
- i. Do you record the inspections in a log? Yes No
10. What are the minimum age requirements for minors to participate, without direct supervision of a staff member, parent, guardian or other responsible adult, for the following:
- a. Belaying:
- b. Auto Belay:
- c. Roped/Wall Climbing:
- d. Bouldering:
- e. Lead Climbing:

Section VII: Off-Site activities, including Guiding/Expeditions/ Camps/Instruction

1. Describe any off-site activities (climbing team trips or competitions, camps, guided trips, etc):
2. For "day-only" (no overnight exposure) off-site activity:

- a. Provide Number of Days per year, per activity and number of participants (for example: 10 days of off-site climbing day camps with 10 participants per day):
3. For Overnight off-site activity:
 - a. Provide Number of Days per year per activity and number of participants (for example: 10 days of Overnight Guided Trips with 10 participants per day):
4. List Location(s) (attach separate sheet if necessary):
5. How far away is the nearest Emergency Medical Facility from your most remote location?
6. Are all participants required to sign a waiver for Outdoor Guiding/Expeditions? Yes No
 - a. Is the waiver different than the gym's standard waiver? Yes No
 - b. If yes, please provide a copy.
7. List any applicable safety measures taken for Outdoor Guiding or provide separate documentation:
8. Describe specific training, certification or credentials for Staff involved in off-site activities:
9. What is your staff to participant ratio per activity?

Please see and respond to the questions pertaining to transportation of participants in the Auto Liability section below.

Section VIII: Visitor/Participant Agreements/Waivers

1. Do you obtain a signed Participation Agreement/waiver for all participants (adults) or parent/guardian (for minors) prior to the participant's initial activity (at the gym or off-site) Yes No
 - a. If not, why not?
 - b. Do you allow anyone other than the minor's Parent or Legal Guardian to sign on behalf of the minor? Yes No
2. Are any visitors allowed to enter the climbing area without signing a waiver? Yes No
 - a. If yes, who and under what circumstances?
3. Do you have a record keeping system that informs staff that the climber has access to the facility and provides verification that a climber has completed a waiver? Yes No
4. Does the waiver state a specific time-frame for which it is valid?
 - a. If yes, how long?
5. Where and how are waivers stored?
6. How long are they kept?
7. How often do you collect new signed waivers from existing participants (i.e. annually)?
8. Was the waiver created and/or reviewed by an attorney licensed in your jurisdiction? Yes No
9. Name of attorney/legal counsel who reviewed and approved waiver:
10. Date waiver last reviewed:

11. Have you added any new activities since the waiver was last reviewed? Yes No
a. If yes, describe:

Section IX: Hired and Nonowned Auto Liability Section:

1. Does the facility have any company owned automobiles (continue to other questions even if answer is "no")? Yes No
2. Are employees allowed to use their personal vehicles for your business purposes? Yes No
a. How many employees use their own personal vehicles?
b. How often do they use their vehicles on company business?
c. Do you obtain Motor Vehicle Reports? Yes No
d. Do you check to make sure that the driver has Auto Insurance?
3. Does your gym transport participants (for guided trips, camps or other activities)? Yes No
If yes, how many times per year?
What distances?
Do you keep a list of approved drivers?
4. What is the cost of hire for all hired & leased autos during the policy period?

Section X: Abuse & Molestation Section:

1. Does the employment and volunteer application include questions about whether the individual has ever been convicted of any crime, including abuse related offenses? Yes No
2. Does the facility have any volunteers? Yes No
If yes, in what capacity (coaches, etc.)?
3. Do you routinely request and receive background investigations on the following:
Employees? Yes No Volunteers? Yes No
4. Do you discuss (at staff/volunteer orientations) child/sexual abuse, including how to recognize the signs, what to do if a member reports someone molested him/her, etc. at staff orientations? Yes No
5. Do you educate staff on abuse prevention, including avoiding one-on-one situations with participants? Yes No
6. Do you have written abuse prevention procedures? Please forward a copy. Yes No
7. Have you had an incident which resulted in an allegation of physical or sexual abuse? Yes No
If yes, please describe the allegation in full:

Section XI: Employee Benefits Liability Section:

1. What types of Benefit Programs are offered to employees (i.e., Group Life, Group Health, 401K)?

Section XII: Risk Management Documentation

Select the risk management items/procedures utilized by your gym and indicate which ones are included with your completed application.

Risk Management Document	Available	Included
Management Resumes	<input type="checkbox"/>	<input type="checkbox"/>
Visitor Agreement/Waiver & Release (include all versions if you have more than one)	<input type="checkbox"/>	<input type="checkbox"/>
Operations Manual	<input type="checkbox"/>	<input type="checkbox"/>
Orientation Checklist	<input type="checkbox"/>	<input type="checkbox"/>
Belay, Lead and other Tests	<input type="checkbox"/>	<input type="checkbox"/>
Employee Handbook	<input type="checkbox"/>	<input type="checkbox"/>
Written Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Abuse Prevention Plan	<input type="checkbox"/>	<input type="checkbox"/>
Employee Training Checklist	<input type="checkbox"/>	<input type="checkbox"/>
Incident/Accident Report	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Check Log	<input type="checkbox"/>	<input type="checkbox"/>
Gym Rules	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Additional Items Needed

- Loss Runs (claims detail) from Current and Previous Insurance Carriers

Declaration:

I warrant and confirm that to the best of my knowledge and belief that the information provided in this application is complete, true and correct and that no information which materially affects this insurance has been withheld.

I understand and agree that the completion of this application does not require the Insurance Carrier to bind coverage or further, to offer a quotation for insurance coverage. Coverage cannot be bound until the application is approved by an Insurance Carrier, the Insurance Carrier provides a quote offering insurance coverage and the applicant provides written notice to the Insurance Carrier that the terms and conditions provided in the quotations are accepted and premium payment is received.

Applicants Name: _____

Applicant's signature: _____

Date: _____

Fraud Warnings

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE UNDERWRITER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD. Not applicable in: CO, DC, FL, HI, MA, NE< OH, OK, OR, VT or WA

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO FLORIDA APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA AND MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A

FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK AND KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND NEW YORK APPLICANTS SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Contact Information:

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