



# CLIMBING WALL SUPPLEMENT

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.

**Fair Credit Report Act Notice:** Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

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: \_\_\_\_\_