



Illinois R. B. Jones

A KAUFMAN GROUP COMPANY

Since 1905

Indoor Climbing Wall Application

Applicant's business name _____ Telephone (_____) _____

Internet Address _____

Form of Business _____ Corporation _____ Partnership _____ Sole proprietor _____ Other _____

Business contact _____ Telephone (_____) _____

City _____ State _____ Zip _____

Requested effective date _____ Years at this location _____ Years experience _____

Limit \$ _____ Deductible \$ _____

A – ACCESS

1. How is gym access controlled? _____

2. Who is allowed to climb on their own, and what are the age limits? _____

3. What is the check-in procedure? _____

4. What kinds of verbal contracts or warnings are given? _____

B – TESTING

1. When is safety testing done? _____

2. What do tests consist of? _____

3. What type of certification system is used? _____

4. What are the guidelines for club users with personal gear? _____

C – WAIVERS

It is a condition of coverage that a copy of your waiver/acknowledgment of risk form be submitted with this application. No coverage will be provided unless this condition is met.

D – EQUIPMENT

1. What type of equipment is used in the school? _____

What type of equipment is used in the rental department? _____

2. What types of landing surfaces are used? _____

3. List type of equipment held for sale _____

E – STRUCTURE/MAINTENANCE

1. State the wall and equipment maintenance procedures and schedule? _____

2. How are the records kept? _____

3. Who is responsible for guidelines and standards? _____

4. Who is responsible for route-setting guidelines? _____

How are routes developed? _____

5. Who designed and built the walls and other permanent structures? _____

6. Describe the use of any portable walls. _____

F – MISCELLANEOUS

1. How is climbing area monitored? _____

2. What type of first aid equipment is kept on site? _____

3. What are minimum staff qualifications? _____

1. Is there a staff training program? yes no If yes, describe.

4. Are spotters required? yes no At what height _____ ft.

5. How are spotters trained? _____

7. Receipts from operation

Climbing wall, indoor \$ _____

Climbing wall, outdoor \$ _____

Equipment Sales \$ _____

Other sales \$ _____

(describe) _____

Rentals \$ _____

Prior Carrier Information

Prior Carrier	Policy Period	Premium	Brief Description of Claims/Incidents

I hereby make application to Illinois R.B. Jones for the insurance described above and represent the above statements to be true. Furthermore, I understand that if this application is accepted by Illinois R.B. Jones in reliance upon the truth herein, OPERATIONS NOT LISTED AS PART OF THE BUSINESS WILL NOT BE COVERED. In addition, Illinois R.B. Jones may elect to exclude some operations which are listed.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Date

Title of Applicant

Applicant's Signature

Agent/Agency Name

Applicant's Name (typed or printed)