SECURA
INSURANCE COMPANIES

CLIMBING WALL QUESTIONNAIRE

Applicant Name _____ Effective Date _____

Agency Name _____ Agency # _____

- Please attach 5 Year Loss Runs
- Please attach a copy of Participant Waiver

Applicant Information

1. Years of operation _____
2. Web site _____
3. Please provide the total number of full time (including owners and officers) employees _____
   Total number of part time employees _____

Operations Information

4. Please describe your operations: _____
5. Please provide a breakdown of your annual receipts:
   Climbing: $_____ Equipment rental: $_____ Pro-shop: $_____ Total: $_____
6. Number of walls _____ Height of walls _____
7. Manufacturer of walls: _____
8. Were the walls constructed by a contractor who provided you with a certificate of insurance? ___Yes ___ No

Safety Information

9. Please describe what type of belay equipment is used? _____
10. How often are the walls and belay systems inspected? _____
11. Who inspects the walls and belay systems? _____
12. Are inspection findings documented? ___Yes ___ No
13. Are maintenance records kept? ___Yes ___ No
14. Do you provide equipment for participants, such as helmets, harnesses, belay devises, etc? ___Yes ___ No
    If yes, do you inspect all equipment after each use? ___Yes ___ No
15. Are any walls portable? ___Yes ___ No
    If yes, do you set up and operate all off-site usage? ___Yes ___ No
16. Do you offer belay instruction and certification? ___Yes ___ No
17. Are safety rules clearly posted? ___Yes ___ No
18. Are all participants required to sign a waiver? *(Please attach a copy of waiver.)* ___Yes ___ No
19. Do you require all belayers to be certified? ___Yes ___ No

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.

_____ _____
Applicant's Signature Date

_____ _____
Agent's Signature Date