



Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
 2. Please fill in all the fields with the correct information.
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Flood	<input type="checkbox"/> Hired & Non-Owned Auto
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Cyber Liability

Section 1: APPLICANT INFORMATION

How did you hear about us?

Name of insured as it is to appear on policy:

Doing Business as:	FEIN/SS#
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Mailing Address:

City:	State:	Zip:
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Address of actual operation:

City:	State:	Zip:
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Name of Owner or Insurance contact:	Birth Date:
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Phone Number:	Fax:
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E-mail:	Website:
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Do You: Own Lease Premises If lease, describe arrangement below:

Legal Status: Individual Partnership Corporation Joint Venture

For Profit Non-Profit Tax Exempt Other:

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

Are you a member of any other associations? Yes No If yes, please list below:

Number of years in business at this location:

Total experience in this type of business in years:

Section 2: CLAIMS HISTORY FOR THE LAST 5 YEARS

Describe all claims (regardless of fault) that have occurred in the last 5 years. If none, state "none."

Claim:	Amount Paid:	Date:
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Section 2: CLAIMS HISTORY FOR THE LAST 5 YEARS (Continued)

Describe all claims (regardless of fault) that have occurred in the last 5 years. If none, state "none."

Table with 3 columns: Claim, Amount Paid, Date. Four rows for claim details.

Please attach a copy of Loss Runs from current/prior insurance carriers

I hereby certify that the above information is true to the best of my knowledge: (Initials Here):

Section 3: INSURANCE INFORMATION

Current insurance company: Expiration Date: Liability premium: Proposed Effective Date:

Deductible: [] \$1,000 [] \$2,500 [] \$5,000

Have you ever had similar insurance cancelled or non-renewed? [] Yes [] No

If yes, explain:

*If you need to include an entity as an Additional Named Insured, please complete the Request for COI/ Additional Insured Certificate at the end of this application. Please note, there is a premium cost involved

Section 4: FACILITY OVERVIEW

Description of Operation/Location: (check all that apply with corresponding gross receipts for rating)

Location(s) or types of venues where you conduct operations. (Check all that apply):

- [] Amusement Park [] Camp [] Climbing Gym
[] College/University [] Fitness Club [] Home
[] Outdoor Education Center [] Outside [] Public Park
[] Recreation Center [] Retail Store [] School (K-12)
[] Outdoor Education Center [] Other: []

Climbing Gym Activities:

- [] Climbing Wall \$ [] Sponsored Special Events Competition \$
[] Pro Shop \$ [] Outdoor Guiding or Climbing \$
[] Equipment Rental \$ [] Portable Wall \$
[] Locker Room \$ [] Tread Wall \$
[] Bouldering [] Workout or Weight Training \$
[] Swimming Pool \$ [] Auto Belay Devices \$
[] Snack Bar \$ [] Other \$

Section 4: FACILITY OVERVIEW (Continued)

Land-Based Activities (*continued*):

- | | |
|--|---|
| <input type="checkbox"/> Hiking and Backpacking \$ | <input type="checkbox"/> Mountain Biking \$ |
| <input type="checkbox"/> Camping \$ | <input type="checkbox"/> Bouldering \$ |
| <input type="checkbox"/> Running \$ | <input type="checkbox"/> Top Rope Rock Climbing \$ |
| <input type="checkbox"/> Initiative Games and Problem - Solving \$ | <input type="checkbox"/> Rappelling \$ |
| <input type="checkbox"/> High and Low Challenge Courses \$ | <input type="checkbox"/> Lead Climbing \$ |
| <input type="checkbox"/> Orienteering/Map & Compass \$ | <input type="checkbox"/> Multi-Pitch Climbing \$ |
| <input type="checkbox"/> Bicycle Touring \$ | <input type="checkbox"/> Mountaineering \$ |
| <input type="checkbox"/> Glacier Travel \$ | <input type="checkbox"/> Snowshoeing \$ |
| <input type="checkbox"/> Snow and Ice climbing \$ | <input type="checkbox"/> Cross Country and Back Country Skiing \$ |
| <input type="checkbox"/> Caving \$ | <input type="checkbox"/> Horseback Riding and Animal Packing \$ |
| <input type="checkbox"/> River Crossing \$ | <input type="checkbox"/> Extended Expeditions and Remote Wilderness Travel \$ |

Water Based Activities:

- | | |
|---|--|
| <input type="checkbox"/> Flat Water Canoeing and Kayaking \$ | <input type="checkbox"/> Sailing \$ |
| <input type="checkbox"/> White water Canoeing and Kayaking \$ | <input type="checkbox"/> Swimming \$ |
| <input type="checkbox"/> River Rafting \$ | <input type="checkbox"/> Snorkeling \$ |
| <input type="checkbox"/> Sea Kayaking \$ | <input type="checkbox"/> Scuba Diving \$ |

Describe "Other" or any additional operation not listed above:

Who built your gym?

When was it built?

Was Gym built to CWA or Similar Standards? Yes No

Do you follow the Climbing Wall Association (CWA) Industry practices? Yes No

Describe the landing surface in your gym:

Number of staff	Full Time:	Full Time/Seasonal:	Part Time:	Contract:
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What is your staff to class participant ratio?

Do you have a program in place for training staff in all relevant aspects of your facility's operations?
 Yes No *If yes, please list topics covered for staff training below.*

Number of staff members certified in CPR and first-aid procedures:

****Please provide resumes for all managers of your facility.
 Resumes should include climbing training and any related activities.**

Section 4: FACILITY OVERVIEW (Continued)

Do you have emergency protocols and protocols and procedures in place in the event of an accident, injury, or illness? Yes No *If yes, please briefly describe your procedures below.*

Describe where Warning, Climb Smart!™, Rules, and any other similar posters are placed in the Gym?

Does your organization have an inspection policy and/or practices in place for all critical safety equipment? Yes No

Describe your Equipment Check Policy for walls, hardware, and rental gear. (How often are the checks done, are records kept.)

Are climbers allowed to use personal equipment? Yes No

Describe your policy regarding the screening of the personal equipment being used by the climbers:

Section 5: GUIDING

Do you offer any Outdoor Guide trips overnight? Yes No

If yes, give the details:

How many days a year do you offer Outdoor Guiding?

Is your staff in control of the belaying during Outdoor Guiding? Yes No

If no, give details:

Where is the Outdoor Guiding activity held?

How far is the closest Medical Response Facility while Guiding?

Are all participants required to sign a waiver for Outdoor Guiding?

List any other applicable safety measures taken for Outdoor Guiding?:

Section 6: PARTICIPANT OVERVIEW

Describe your age requirement policy	Bouldering:	Climbing:	Belaying:
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Describe your methods of screening customers before allowing them to climb:

Describe your methods of informing your clientele on the inherent risks of climbing:

Describe what you check for during your Belay Test. (IN DETAIL):

Do you use an Auto Belay device? Yes No If yes, who manufactured it?:

Section 6: PARTICIPANT OVERVIEW (Continued)

How old is the device?:

Have your automatic belay devices been inspected and serviced according to the manufacturer's recommended schedule? Yes No

If Belay Test is not passed, when is the client allowed to test again?

What type of Belay device is used/allowed?:

If Gris-Gris, Cinch or similar devices are used/allowed, describe testing measures used:

If Lead Climbing is allowed, describe your lead test criteria:

Section 7: WAIVER POLICY

Do you require all participants to sign a waiver? Yes No (Please attach a copy of waiver)

If no, why not?:

Who signs waivers on behalf of participants under the age of 18?

Describe how you maintain the waiver in your records?

Was waiver & release form created and/or reviewed by an attorney familiar with local laws? Yes No

Name of attorney/legal counsel who reviewed waiver:

Date waiver last updated:

I hereby certify that the above information is true to the best of my knowledge: ____ (Initial Here)

Section 8: BOULDERING

What is the average height of your bouldering surface?

Are warning posters visible in the bouldering area? Yes No

Describe the supplemental padding used in bouldering area:

CYBER LIABILITY1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

SUBMISSIONBefore you submit your completed application did you: Attach copies of management resumes Answer all questions. If a question did not apply, did you mark it "N/A"? Attach a loss run/claim history from current and prior carriers Attach copies of any company brochures Attach a copy of your waiver/release of liability Attach Proof of Climbing Wall Association Membership Complete the Request for "Certificate of Insurance/Additional Insured Certificate" if needed



FRAUD NOTICE

GENERAL STATEMENT: 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, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: 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.

APPLICABLE IN FLORDIA: 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 of the third degree.

APPLICABLE IN HAWAII: 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.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: 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.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: