



## CLIMBING INSURANCE APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name of Applicant:**

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2. **Mailing Address:**

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**Website Address:** \_\_\_\_\_

3. Address of actual operation? \_\_\_\_\_

4. Does the Applicant:  Own Premises  Lease Premises

5. How long has the Applicant been in business? \_\_\_\_\_

Length of time in business at this location? \_\_\_\_\_

Number of members: \_\_\_\_\_ Total estimated receipts per year: \_\_\_\_\_

Estimated number of client visits (1 visit = 3 hours) per year: \_\_\_\_\_

6. Total Payroll: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Are all employees covered under WSIB?  Yes  No

If No, please list numbers by job description and estimated payroll:

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7. Description of operations (include operations manual if possible):

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8. Apart from the operations mentioned above, are there any sales of food or alcohol or other operations conducted on the same premises?  Yes  No  
Please describe (also include gross receipts):

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9. Type of climbing areas (describe in detail the height, size, free-standing, type of construction, dimensions of particular interest, etc.)

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Age of climbing walls: \_\_\_\_\_ Who constructed the climbing walls? \_\_\_\_\_

10. Are safety mats used?  Yes  No  
Are safety harnesses used?  Yes  No  
Is belaying done?  Yes  No  
If Yes, is it done only by trained staff?  Yes  No  
If No, please explain:

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Describe training given to employees:

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11. Do premises comply with all Fire Department requirements?  Yes  No  
If No, please describe:

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Are there written procedures to follow in the event of an emergency?  Yes  No  
If No, please explain:

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12. Describe work performed for Applicant by sub-contractors:

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Is evidence of Liability Insurance obtained from all sub-contractors?  Yes  No  
If No, please explain:

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If Yes, please advise what limits they are required to provide: \_\_\_\_\_

13. Does applicant have any agreements assuming liability?  Yes  No

14. Does applicant presently carry insurance?  Yes  No  
If Yes, who is the present insurer:

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Is the present insurance Claims Made?  Yes  No  
If Yes, state retro date: \_\_\_\_\_

15. Are they willing to renew?  Yes  No  
If No, please explain:

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Does the policy cover all operations of the Insured?  Yes  No  
If No, please describe:

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16. **Claims History**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  
If Yes, give details:

Yes  No

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17. **Non-Owned Automobile**

Number of employees using their automobile on company business:

Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_

Estimated annual cost of hired automobiles: \$ \_\_\_\_\_

Estimated annual cost of automobiles operated under contract: \$ \_\_\_\_\_

*(Please provide details):*

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18. **Accident Prevention and First Aid**

First Aid Post: Doctors: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Nurses: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Fire alarm – other warning systems: \_\_\_\_\_

Is there a security officer or are there loss prevention engineers employed:

Yes  No

Injury/incident report form used?  
If Yes, attach copy.

Yes  No

Are all incidents involving accident or injury recorded?

Yes  No

**Attach outline of procedure.**

What procedures are in place in event of accident or injury?

**Attach outline of procedure.**

19. Please indicate limit(s) of liability required: \_\_\_\_\_

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**