

HEALTH CLUB FACILITY
CLIMBING WALL SUPPLEMENTAL APPLICATION

Separate application required for each location

I. GENERAL INFORMATION

NAMED INSURED: _____ DBA: _____

FACILITY ADDRESS: _____

WEBSITE: _____ EMAIL: _____

1. How many Climbing Walls: Indoor: _____ Outdoor: _____
2. Height of wall(s)? _____
3. What is the maximum height of wall(s)? _____
4. Are the wall(s): Movable Stationary

II. OPERATION AND TRAINING

1. 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 walls? Yes No
 - b. A full-time staff member who holds certification in 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

2. 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 takedown procedures? Yes No
 - f. Emergency takedown procedures? Yes No
 - g. Procedures for reporting problems? Yes No

3. What is the ratio of supervisory staff to users? _____
4. Who is responsible for developing routes and what guidelines are used? _____
5. Does your facility require a waiver to be signed specific for the climbing wall operations? Yes No
6. What is the age range for participants? _____
7. What are the guidelines for club users with personal gear? _____

III. SAFETY

1. How is the climbing area access controlled? _____
2. What is the check-in procedure?
3. Do you require the use of a belaying system? Yes No
4. Has the belay system been certified to exceed maximum possible stresses that all climbers can produce from simultaneous falls? Yes No
5. Are the belay systems anchors “backed-up”? Yes No
6. Are belayers approved prior to their use of the wall? Yes No
7. Are belayers anchored to a secure point? Yes No
8. Is there a minimum age for belayers? Yes No
9. What type of safety equipment is required? _____

10. What type of absorbent floor covering is used immediately adjacent to wall(s)? Describe makeup, thickness, and extent of fall protection:

11. Is a comprehensive set of safety guidelines and policies for the climbing wall posted in a conspicuous place? Yes No
12. Is free climbing allowed? Yes No
13. Describe your emergency response plan in case of an accident, including distance of your facility from ambulance and hospital:

IV. MAINTENANCE

1. Did a professional construct the Climbing Wall(s)? Yes No
2. Did the wall manufacturer provide a Certificate of Insurance covering completed operations liability? Yes No
3. Has the Climbing Wall(s) been inspected and determined to meet local and state building codes? Yes No
4. Were written maintenance procedures provided by designer/builder? Yes No
5. Does climbing wall area have written maintenance procedures including checklists and logs? Yes No
6. Who performs maintenance? Employees Outside professional resource.
 - If outside professional source:
Do you require a Certificate of Insurance with Additional Insured status? Yes No
7. How often is all equipment in the climbing wall area inspected? _____
8. Is a rope long maintained and used for daily operations? Yes No
9. How often are all hold checked to ensure that they were securely connected? _____
10. How often are all holds cleaned? _____

V. PROGRAMS

1. Is there a program in place to identify equipment (ropes, harnesses, carabineers, etc.) that should be retired? Yes No
2. Are there regularly scheduled program activities for the climbing wall area? Yes No
 - If yes, provide program listing.
3. Is the climbing area available for party rental? Yes No
4. Is the climbing area available for competitions? Yes No

VI. SUMMARY OF REQUESTED ITEMS

Attach copy of the following:

- A. Waiver/Release that is signed by all climbers noting that parents must sign for minors
- B. House Operating Procedures
- C. Belayer or Qualification Procedures
- D. Equipment Inspection Log
- E. Climbing Wall Employee Training Procedures

Note: Items B through E can be gathered during loss control survey. Only waiver needs to be reviewed during underwriting process.

Insured Signature: _____

Date: _____