

Climbing Gym Property Insurance Application

I. General Information

Facility Name / DBA:

Legal Name of Insured:

Location Address:

Mailing Address:

Years in Business:

FEIN:

Does the insured conduct any other operations or own any other buildings under this name?

Yes No

If yes, please describe:

General Manager:

Years and Type of Experience:

Contact Email Address

Web site:

Phone:

Fax:

Is your facility a current member of the Climbing Wall Association (CWA)?

Yes

No

II. Coverage Information

Have you had any Losses or Claims in the previous 5 years?

Yes

No

If yes, please describe:

Effective Date:

Current Carrier:

III. Property Information

1. Do you own or Lease your Facility? Own Lease

If owned, do you have a separate company that owns the building? Yes No

If yes, what is the name of the property company and does it have a separate policy?

2. What is the maximum capacity of the building at one time?

3. Is there a restaurant on premises?

Yes

No

If yes, please describe:

4. What type of cooking surfaces do you have?

5. Are cooking surfaces properly protected from fire exposures?

Yes No

6. Is alcohol sold on premises?

Yes No

7. Total Number of Buildings:

(details on each building must be provided separately)

8. Total Square Footage:

Square Footage that you occupy:

9. Year Building built:

10. Provide details on when the following were updated:

a. Electrical:

c. Plumbing:

b. HVAC:

d. Other:

11. Distance to Fire Hydrant:

Ft.

Distance to Fire Station:

Miles

12. What % of Building is sprinklered?

13. Is there a Central Fire Alarm? Yes No
14. Is there a Central Burglar Alarm? Yes No
15. Is there Video Camera Surveillance? Yes No
16. Name of monitoring company:
17. Type of Building construction (brick, steel, frame, concrete, other):
18. Type of Roof construction: If Steel: Coated Not coated
- a. Date Roof was last updated:
- All Limits/Values below should equal 100% Replacement Cost Value**
19. Building Limit (if owned): Value of HVAC equipment:
Included in Building value? Yes No
20. Tenants Improvements and Betterments Limit (if building is leased):
21. Business Personal Property Limit:
22. Mobile Equipment Limit (i.e. portable walls, lights, signage, etc.) to be covered
- a. Description
- b. Value
- c. If stored outside, what is the maximum distance the mobile equipment is from the building? (ft)
23. Business Income Limit (100% Gross Revenue figure):
24. Requested Property Deductible (\$1k, \$2500, \$5k or higher):
25. Special Comments/Coverage Requests:

Fraud Warning:

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld

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

Applicant's Signature

Applicant's Name (print)

Date (MM/DD/YY)

Broker (if other than Monument Sports):