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| **CLIMBING GYM WORKER’S COMPENSATION APPLICATION** | | | | | | | | | | | | |
| **General Information** | | | | | | | | | | | | |
| Insured’s Legal Name & DBA: | | | | | | Current CWA Member? | | | | | | |
| Facility Address: | | | | | | | | | | | | |
| Street: | | City: | | | | State: | | | | ZIP Code: | | |
| Mailing Address (If different from above): | | | | | | | | | | | | |
| Street: | | City: | | | | State: | | | | ZIP Code: | | |
| Additional Locations (List all locations including facility name and address): | | | | | | | | | | | | |
| Street: | | City: | | | | State: | | | | ZIP Code: | | |
| Additional Locations (List all locations including facility name and address): | | | | | | | | | | | | |
| Street: | | City: | | | | State: | | | | ZIP Code: | | |
| Inspection Contact Name: | | | | | | Telephone: | | | | | | |
| Years in Business: | | Federal Employer ID Number: | | | | | | | | | | |
| Current Insurance Carrier: | | | | Current WC premium: | | | | Effective Date of coverage: | | | | |
| Claims Information (List all claims for the past 5 years (attach Loss/Runs), type “none” if applicable): | | | | | | | | | | | | |
| Employer’s Liability Limits Requested: | | | | | | | | | | | | |
| $ each accident: | | | $ disease policy limit: | | | $ disease each employee: | | | | | | |
| **Additional Information** | | | | | | | | | | | | |
| **Explain All “YES” Responses** | | | | | | | | | | | | |
|  | Do you own, operate or lease aircraft/watercraft? | | | | | | | | | | Yes | No |
|  | Do/Have past, present or discontinued operations involve(d) storing, treating,  discharging, applying, disposing, or transporting of hazardous material?  (e.g. landfills, wastes, fuel tanks, etc.) | | | | | | | | | | Yes | No |
|  | Any work performed underground or above 15 feet (i.e. route setting)? | | | | | | | | | | Yes | No |
|  | Any work performed on barges, vessels, docks, bridge over water? | | | | | | | | | | Yes | No |
|  | Do you lease your employees or use leased employees? | | | | | | | | | | Yes | No |
|  | Do you provide any group transportation (i.e. for guided trips, camps,  Climbing team events)? | | | | | | | | | | Yes | No |
|  | Do you have any seasonal employees? | | | | | | | | | | Yes | No |
|  | Do you use sub-contracted labor or labor identified as independent  contractors? (i.e. for route setting, guided trips, coaches. Etc.)  If “Yes” describe and provide % of work subcontracted: | | | | | | | | | | Yes | No |
|  | Do you sub-contract any work without certificates of insurance? (If “Yes”,  payroll for this work must be included in the State Rating area) | | | | | | | | | | Yes | No |
|  | Do you have a location or operate in another state? | | | | | | | | | | Yes | No |
|  | Are you engaged in any other type of business? | | | | | | | | | | Yes | No |
|  | Are any of your employees under 16 or over 60 years of age? | | | | | | | | | | Yes | No |
|  | Any employees with physical handicaps? | | | | | | | | | | Yes | No |
|  | Do employees travel out of state (i.e. for guided trips, camps, climbing  events, etc.)? (If “Yes”, indicate state(s) of travel and frequency) | | | | | | | | | | Yes | No |
|  | Do you have any athletic teams (i.e. climbing team)? If yes, provide details  on any off-site travel (i.e. for competitions or guided trips): | | | | | | | | | | Yes | No |
|  | Are physicals required after offers of employment are made? | | | | | | | | | | Yes | No |
|  | Have you had any prior Worker’s Compensation insurance coverage declined/cancelled/non-renewed in the last 3 years? | | | | | | | | | | Yes | No |
|  | Are employee health plans provided? | | | | | | | | | | Yes | No |
|  | Do any employees perform work for other businesses or subsidiaries? | | | | | | | | | | Yes | No |
|  | Do any employees predominantly work from home?  If “Yes”, # of employees: | | | | | | | | | | Yes | No |
|  | Any tax liens or bankruptcy within the last 5 years? (If ”Yes”, please specify) | | | | | | | | | | Yes | No |
|  | Any undisputed and unpaid worker’s compensation premiums due from you  or any commonly managed owned enterprises? If “Yes”, explain including  entity name(s) and policy number(s). | | | | | | | | | | Yes | No |
|  | Have you ever been cited by OSHA? | | | | | | | | | | Yes | No |
|  | Is a written safety program in operation? | | | | | | | | | | Yes | No |
|  | Do you provide orientation/training for route setters?  Describe training/orientation (self-belay techniques, ladder safety, etc.): | | | | | | | | | | Yes | No |
|  | Is there any volunteer or donated labor? (If “Yes”, please specify) | | | | | | | | | | Yes | No |
|  | Do route setters ever climb above their fall protection system in your facility? | | | | | | | | | | Yes | No |
|  | Do you have outdoor activities (i.e. guide trips, outdoor slackline,  kayak/water exposure, portable walls, etc.)? If yes, please describe: | | | | | | | | | | Yes | No |
|  | Do you hire any independent contractors (i.e. guides, counselors, etc.) that  Do not reside full-time in your state? | | | | | | | | | | Yes | No |
| **Rating Information** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Number of Full-Time: | | | | Number of Part-Time: | | | | Total Annual Payroll$: | | | | |
| Other: | | | | | | | | | | | | |
| Experience Modification (If applicable): | | | | | | | | | | | | |
| **Individuals to be Included or Excluded (Please list all Corporate Officers and Owners and indicate if they should be included or excluded):** | | | | | | | | | | | | |
| Name: | | | D.O.B: | | | | | | Title: | | | |
| Ownership (%): | | | Include or Exclude? | | | | | | Annual Payroll $: | | | |
| Name: | | | D.O.B: | | | | | | Title: | | | |
| Ownership (%): | | | Include/Exclude? | | | | | | Annual Payroll $: | | | |
| Name: | | | D.O.B: | | | | | | Title: | | | |
| Ownership (%): | | | Include/Exclude? | | | | | | Annual Payroll $: | | | |
| Others: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Name of Person Completing Form: | | | | | Title: | | Date: | | | | | |
| Company: | | | | | Email: | | | | | | | |
| Fax: | | | | | Phone: | | | | | | | |

APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

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, FL, HI, MA, NE, OH, OK, OR, TN or VT; in DC, LA, ME, VA and WA, insurance benefits may also be denied)