

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

1.	Do you own, operate or lease aircraft/watercraft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Any work performed underground or above 15 feet (i.e. route setting)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Any work performed on barges, vessels, docks, bridge over water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Do you lease your employees or use leased employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Do you provide any group transportation (i.e. for guided trips, camps, Climbing team events)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Do you have any seasonal employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8.	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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Do you sub-contract any work without certificates of insurance? (If "Yes", payroll for this work must be included in the State Rating area)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Do you have a location or operate in another state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Are you engaged in any other type of business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Are any of your employees under 16 or over 60 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Any employees with physical handicaps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Do employees travel out of state (i.e. for guided trips, camps, climbing events, etc.)? (If "Yes", indicate state(s) of travel and frequency)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	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):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Are physicals required after offers of employment are made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Have you had any prior Worker's Compensation insurance coverage declined/cancelled/non-renewed in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Are employee health plans provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Do any employees perform work for other businesses or subsidiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Do any employees predominantly work from home? If "Yes", # of employees:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Any tax liens or bankruptcy within the last 5 years? (If "Yes", please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	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).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Have you ever been cited by OSHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Is a written safety program in operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Do you provide orientation/training for route setters? Describe training/orientation (self-belay techniques, ladder safety, etc.):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26.	Is there any volunteer or donated labor? (If "Yes", please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

27.	Do route setters ever climb above their fall protection system in your facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Do you have outdoor activities (i.e. guide trips, outdoor slackline, kayak/water exposure, portable walls, etc.)? If yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Do you hire any independent contractors (i.e. guides, counselors, etc.) that Do not reside full-time in your state?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Applicant:	Title:	Date:
Company:	Email:	
Fax:	Phone:	

Applicant's Signature

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)