

*Please provide a picture of the wall.*

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Are employees  **trained *and/or***  **certified** for use of climbing wall?  Yes  No
2. Who built the wall: \_\_\_\_\_
3. What are the holds made of? \_\_\_\_\_
4. How old is the climbing wall? \_\_\_\_\_ years old
5. Is wall:  **vertical**,  **over-hanger**;  **horizontal**;  **other**: \_\_\_\_\_
6. Where is the wall located?  **Indoor**;  **Outdoor**;  **Other**: \_\_\_\_\_
7. Give dimensions – height: \_\_\_\_\_; width: \_\_\_\_\_
8. Are safety inspections conducted annually by a professional firm with certificate of insurance?  Yes  No
9. How often are internal inspections conducted, including safety equipment? \_\_\_\_\_
10. Are safety rules posted at the wall?  Yes  No
11. Indicate safety gear used:  **harness**;  **helmets**;  **ropes**;  **carabiners**;  **pads**;  **spotter/belay**;  **other**: \_\_\_\_\_
12. Do you provide equipment rental?  Yes  No
13. Do you conduct a safety orientation prior to climbing?  Yes  No
14. Is supervision provided at all times?  Yes  No
15. Any unsupervised climbs allowed? If yes describe: \_\_\_\_\_  Yes  No
16. How many people allowed on wall at one time? \_\_\_\_\_
17. Is there a certified belay?  Yes  No
18. Do climbers repel down?  Yes  No
19. Any signals used for communication between climber and belayer?  Yes  No
20. Is there an age limit for participation?  Yes  No If yes, what is the age limit: \_\_\_\_\_ years old
21. Do you want the wall insured on your property insurance?  Yes  No If yes, indicate insured value: \$ \_\_\_\_\_

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.  
This supplement becomes part of your application and must be signed and dated.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker's Name: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_