

Covers indoor climbing and bouldering gyms, including youth teams and outdoor trips. Climbing walls at FECs use CWCO-SUP-REC. Complete with ACORD 125, 126, and 140.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	
Entity type:			
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation			
PRIMARY CONTACT / TITLE	PHONE	EMAIL	
CWA MEMBER (Y / N)	WALL HEIGHT (MAX FT.)		

2 OPERATIONS

MEMBERS	DAY PASSES PER YEAR	AUTO-BELAYS	YOUTH PARTICIPANTS (%)
Climbing offered (check all that apply):			
☐ Bouldering ☐ Top-rope (staff or member belay) ☐ Auto-belay ☐ Lead climbing ☐ Speed wall ☐ Youth team			
☐ Outdoor trips / guiding			
2-1 Does the gym use auto-belays?			☐ Yes ☐ No
IF YES, EXPLAIN			
2-2 Does the gym run youth programs or teams?			☐ Yes ☐ No
IF YES, EXPLAIN			
2-3 Does the gym run outdoor climbing trips?			☐ Yes ☐ No
IF YES, EXPLAIN			

3 EXPOSURE & RISK QUESTIONS — CLIP-IN, BELAY & BOULDERING FALLS

Serious climbing-gym injuries usually come from a system that wasn't used correctly: a climber who never clipped into an auto-belay, a belayer who didn't finish a knot or wasn't paying attention, or a hard landing off a boulder problem.

3-1 If yes to 2-1, are auto-belay lanes fitted with gates or barriers that block climbing until a climber clips in?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-2 If yes to 2-1, are auto-belays inspected daily?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-3 If yes to 2-1, are auto-belays serviced or recertified on the manufacturer's schedule?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-4 Must every member pass a staff-administered belay test before belaying?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-5 Do staff spot-check belayers on the floor during open hours?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-6 Are bouldering areas padded to the wall with continuous flooring and fall-zone rules?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-7 Are holds inspected and re-tightened on a schedule?	☐ Yes ☐ No
IF YES, EXPLAIN	

3-8 Has a climber fallen from height or suffered a spinal or head injury? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — YOUTH PROGRAMS, OUTDOOR TRIPS & EMERGENCIES

4-1 Are all staff and volunteers who work with minors criminal-background and sex-offender-registry checked before starting? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Do staff complete abuse-prevention training (e.g., SafeSport or equivalent) before working with minors and yearly after? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is there a written policy banning unobserved one-on-one contact between adults and minors, including texting and social media? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are suspected abuse reports made to law enforcement and child protective services within 24 hours? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are children released only to parents or guardians listed on file? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 If yes to 2-3, are outdoor guides certified (e.g., AMGA) and trips covered by permits? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is an AED on site with CPR-certified staff on every shift? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Does every climber (or parent) sign a waiver before climbing? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL & RECEIPTS

TOTAL ANNUAL PAYROLL (\$) MEMBERSHIP / DAY-PASS RECEIPTS (\$) YOUTH / OUTDOOR PROGRAM RECEIPTS (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PROFESSIONAL CARRIER / LIMITS ABUSE & MOLESTATION (Y / N) UMBRELLA LIMIT

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Are incident reports completed the same day? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Are ropes, harnesses, and rental gear retired on a documented schedule? ☐ Yes ☐ No
IF YES, EXPLAIN

8SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE