

☐ **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

## CLIMBING WALL QUESTIONNAIRE

(Climbing, Tread and Bouldering)

Name of Applicant: \_\_\_\_\_

Website Address: \_\_\_\_\_

### WALL INFORMATION

1. Type of Wall: ☐ Climbing ☐ Tread ☐ Bouldering
2. Height of wall: \_\_\_\_\_ feet Width of wall: \_\_\_\_\_ feet Year constructed: \_\_\_\_\_
3. Any portable walls utilized? ..... ☐ Yes ☐ No
4. Any portable walls rented to others? ..... ☐ Yes ☐ No
5. Was the wall constructed by a contractor who provided you with a certificate of insurance which included completed operations coverage? ..... ☐ Yes ☐ No
6. Was the wall constructed following Climbing Wall Industry Group (CWIG) or American Society of Testing and Materials (ASTM) design standards? ..... ☐ Yes ☐ No
7. Is there a minimum of six to twelve (12) inches of fall protection beneath the wall out to a distance of six to eight feet? ..... ☐ Yes ☐ No
8. What type of material is used in the landing area? \_\_\_\_\_
9. What is the maximum number of people on the wall at any one time? \_\_\_\_\_
10. Is there a line painted on the wall indicating the maximum height of the free climb zone? ..... ☐ Yes ☐ No  
If yes, height of line: \_\_\_\_\_ feet
11. Are grasps permanently secured on the wall? ..... ☐ Yes ☐ No  
If no, are they only removed and relocated by employees? ..... ☐ Yes ☐ No
12. Number of auto-belay devices? \_\_\_\_\_
13. Number of top rope courses? \_\_\_\_\_
14. Is a daily inspection of the wall performed and results documented? ..... ☐ Yes ☐ No
15. Is wall maintenance conducted by an independent contractor who provides you with a certificate of insurance? ..... ☐ Yes ☐ No
16. Any outdoor climbing? ..... ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EQUIPMENT INFORMATION

17. Does all the climbing safety equipment conform to the American Society of Testing and Materials (ASTM) and/or the International Association of Alpine Associations (UIAA) standards? ..... ☐ Yes ☐ No
18. Is all climbing safety equipment inspected daily with inspection results documented? ..... ☐ Yes ☐ No
19. Do you rent any equipment? ..... ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
20. Do you sell any equipment? ..... ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_

## SAFETY AND TRAINING RULES

21. Are safety rules posted? ..... ☐ Yes ☐ No
22. Are climbers required to watch a training video prior to first climb? ..... ☐ Yes ☐ No
23. Are climbing classes offered? ..... ☐ Yes ☐ No
24. Is there a method to identify approved users prior to their use of the wall? ..... ☐ Yes ☐ No
25. Is there a documented training program for all wall users, which includes:

	Yes	No		Yes	No
Harness and rope inspection procedure?	<input type="checkbox"/>	<input type="checkbox"/>	Rules for climbing, tread, bouldering wall(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Proper belaying techniques?	<input type="checkbox"/>	<input type="checkbox"/>	Setup and takedown procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Emergency takedowns?	<input type="checkbox"/>	<input type="checkbox"/>	Procedures for reporting problems?	<input type="checkbox"/>	<input type="checkbox"/>
Belay device failure or entrapment?	<input type="checkbox"/>	<input type="checkbox"/>			

## STAFF INFORMATION

26. Is a full-time, first-aid or CPR certified staff member always present? ..... ☐ Yes ☐ No
27. Is this full-time staff member certified to belay on the wall and understand the safety rules? ..... ☐ Yes ☐ No
28. Is a full-time staff member positioned to have a clear view of the wall and participants? ..... ☐ Yes ☐ No

## MEMBERS

29. Do membership agreements contain a hold harmless clause (Liability Waiver) and require signature indicating acceptance? ..... ☐ Yes ☐ No
30. Are minors permitted to use the facility? ..... ☐ Yes ☐ No
31. Minimum age of participants? ..... ☐ Yes ☐ No

**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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_