

Climbing Wall Supplement

P.O. Box 1357, Arlington Heights, IL 60006-1357
Phone: 800-640-6601 Fax: 847-991-4351

Insured's Name: _____

Section I - Construction and Maintenance

1. How many climbing walls do you have on premises? _____
2. Was the climbing wall constructed by a professional with a Certificate of Insurance covering completed operations liability? Yes No
3. Are safety rules posted? Yes No
4. What is the height of each wall? Wall 1: _____ Wall 2: _____ Wall 3: _____

Note: If all walls are under 8 feet in height, skip remaining questions. Sign and date document on page 2.

5. Is there a certificate from a certified engineer or an approved vendor stating:
 - that the construction of the wall meets local and state building codes; **and**
 - that the belay system will exceed maximum possible stresses that all climbers can produce from simultaneous falls? Yes No
6. Is there a minimum of 6 inches of fall protection beneath the climbing wall out to a distance of 6 feet? Yes No
7. Are the belay system anchors "backed-up"? Yes No
8. Is climbing wall maintenance performed at least on an annual basis? Yes No
9. Is maintenance conducted by an outside professional resource such as a certified engineer or professional firm with proof of insurance? Yes No
10. Is a rope log maintained and used for daily operation? Yes No
11. Is the belayer anchored to a secure point? Yes No
12. Is there a program in place to identify equipment (ropes, harnesses, carabiners, etc.) that should be retired?
 Yes No If Yes, describe: _____

Section II - Operation and Training

13. Is there a documented training program in place which includes:

- a) Rules for the climbing wall? Yes No
- b) Harness and rope inspection? Yes No
- c) Proper belay techniques? Yes No
- d) Belay device failure or entrapment? Yes No
- e) Set-up and take-down procedures? Yes No
- f) Emergency take-down procedures? Yes No
- g) Procedures for reporting problems? Yes No

14. Are belayers approved prior to their use of the wall? Yes No

15. Are the following always present when the wall is being used:

- a) A staff member who understands the safety rules and is certified to belay on the wall? Yes No
- b) A full-time staff member who holds a current certification in either Red Cross First Aid and CPR for the Professional Rescuer; or National Safety Council Level II First Aid? Yes No
- c) A full-time staff member positioned to have a clear and unobstructed view of the climbing wall and participants? Yes No
- d) A First Aid kit? Yes No

16. Is there a minimum age for belayers? Yes No If Yes, what age? _____

17. Describe your emergency response plan in case of an accident, including distance of your facility from ambulance and hospital.

Insured's Signature: _____

Date: _____