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Climbing Wall Supplement

Please provide a picture of the wall.

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

- Are employees trained and/or certified for use of climbing wall? Yes No
- Who built the wall: _____
- What are the holds made of? _____
- How old is the climbing wall? _____ years old
- Is wall: vertical, over-hanger; horizontal; other: _____
- Where is the wall located? Indoor; Outdoor; Other: _____
- Give dimensions – height: _____; width: _____
- Are safety inspections conducted annually by a professional firm with certificate of insurance? Yes No
- How often are internal inspections conducted, including safety equipment? _____
- Are safety rules posted at the wall? Yes No
- Indicate safety gear used: harness; helmets; ropes; carabiners; pads;
 spotter/belayer; other: _____
- Do you provide equipment rental? Yes No
- Do you conduct a safety orientation prior to climbing? Yes No
- Is supervision provided at all times? Yes No
- Any unsupervised climbs allowed? If yes describe: _____ Yes No
- How many people allowed on wall at one time? _____
- Is there a certified belay? Yes No
- Do climbers repel down? Yes No
- Any signals used for communication between climber and belayer? Yes No
- Is there an age limit for participation? Yes No If yes, what is the age limit: _____ years old
- 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	_____ Agent's Signature	_____ Date
Agency Name: _____		Agency Phone Number: _____	