# Southern California Conference

## ADVENTIST RISK MANAGEMENT
## UNDERWRITING QUESTIONNAIRE
## CLIMBING WALLS/RAPPELLING/ROPES COURSE/ROCK CLIMBING

We request insurance coverage on our climbing wall, rappelling, ropes course, or rock-climbing activity and provide the following information to determine eligibility for liability coverage.

___ Rock Climbing ___ Ropes Course ___ Rappelling _____Climbing Wall

**1.** Name of Activity Director _____ Age of Activity Director_____

**2.** Attach a resume of the director's qualification and include years of experience

**3.** The climbing wall meets the design/construction requirements of ARM guidelines dated 8/91? YES NO (circle one)

**4.** We are enclosing a copy of the design plans & specifications_____

**5.** How often do you go rappelling? On Premises _____ Off Premises_____

**6.** Height of each wall 1) _____ft. 2)_____ft. 3) _____ft.

**7.** Width of each wall 1) _____ft. 2)_____ft. 3)_____ft.

**8.** Height of each Ropes Course 1) _____ft. 2)_____ft.

**9.** Fall protection is provided by spotters, belay and cushioning material as required by the guidelines? YES NO (circle one)

**10.** All belayers and spotters are trained and experienced. YES NO (circle one

**11.** All belayers & spotters are at least 18 years old. YES NO (circle one)

**12.** What is the youngest age of your climbers? _____
A consent form signed by parent or guardian for any participant under 18 years old is required to be on file at the facility conducting this activity.

**13.** We are enclosing a copy of our written safety and procedures policy.
YES NO (circle one)

**14.** We are in compliance with all requirements of ARM Loss Control Guidelines
YES NO (circle one)

_____ _____ _____
Requesting Organization (Signature) Date

Dates of Activity: _____ Number of Participants_____

If climbing/rappelling is at a natural site attach detailed description & if possible, a photo.