

SPECIAL NOTE: It is critical that the Insurer have a clear understanding of your operation. Also, booking trips for others is not covered by this contract. The entities you book for must name you as an additional insured on their coverage.

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

1. Answer the following yes/no questions:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a course inspection and maintenance program, which is performed at regularly scheduled intervals? If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Is the inspection and maintenance program documented each time it is performed?
<input type="checkbox"/>	<input type="checkbox"/>	If students or participants are allowed to belay each other on the ropes course, is there a staff backup belay utilized?
<input type="checkbox"/>	<input type="checkbox"/>	Are the helmet straps, harness security, tie in system, and belay procedures checked by a qualified staff person each time a participant goes up on the course?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a staff member on site each time the ropes course is utilized who is familiar with climbing rope systems and rescue procedures in the event that someone must be rescued from the ropes course?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a written log kept on the condition and use of all equipment in the ropes course, including ropes?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have written protocol and guidelines for the rescue procedures for each element of your ropes course?
<input type="checkbox"/>	<input type="checkbox"/>	Was the person or persons who designed and/or constructed your ropes course adequately experienced and qualified to make the appropriate engineering and construction decisions to assure that the course was adequately built for the purpose for which it was designed?
<input type="checkbox"/>	<input type="checkbox"/>	Do you own your ropes course facility?
<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for the inspection and maintenance of your ropes course?
<input type="checkbox"/>	<input type="checkbox"/>	If you utilize someone else's ropes course do you prior to the conduct of the activity, conduct an inspection of the course and document the result of that inspection?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of any professional trade organization? If yes, please identify.

2. What type of population do you service?

Executives _____% Churches _____% Youths _____%

Other (please describe): _____ % .

3. Attach a list of guides, ages and experience and include resumes of key personnel.

4. List your dates of operation:

LOCATION	FROM	TO	# OF PARTICIPANTS	
			LOW	HIGH

5. Complete the following Activity Breakdown table:

DESCRIPTION OF ACTIVITY	ANNUAL # OF GUESTS OR PARTICIPANTS	X	NUMBER OF DAYS EACH PERSON PARTICIPATED	=	TOTAL USER DAYS
Classroom Activities					
Initiatives/Low Elements					
High Elements					
Other (please describe):					