



Climbing Wall Property Insurance Application

Fax Application to: 801-763-1374

Insured Information:

Are you a CWA member? Yes No If yes, Member no.: _____ Exp. Date: _____

Insured Name: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Mailing Address, if different from above:

Insured Name: _____

Address: _____ State: _____ Zip: _____

Climbing Wall Facility:

- Property Coverage is Not Needed
 - A. Construction: Brick Frame Metal
 - B. Year Built: _____ If over 25 years old, please give year updates for :
 _____ Heating _____ Roof _____ Plumbing _____ Electrical
 - C. Square Footage: _____
 - D. Is the Building Sprinklered (Fire Suppression System)? Yes No
 - E. Do you have an alarm? Yes No If yes, is it Central Station Local Gong Alarm

| Physical Address | Building Coverage Limit | Business Personal Property Limit | Business Income Limit | Deductible |
|------------------|-------------------------|----------------------------------|-----------------------|------------|
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Portable Wall Insurance Values:

- Property Coverage is Not Needed

| | Year Built | Wall & Trailer Value |
|----|------------|----------------------|
| #1 | | |
| #2 | | |
| #3 | | |

Signature: _____ Date: _____

Print Name: _____ Title: _____