



POLICY NO: _____

Named Insured: _____

When was the obstacle course installed?: _____

Who performed the installation?: _____

Was the obstacle course inspected by a licensed contractor? Yes No

Who manufactured and/or engineered the equipment/parts? _____

Who performs the maintenance? _____

Location of the obstacle course: ? Inside Outside

If the obstacle course is outside, is it fenced in? Yes No

If not fenced, then how is access restricted? _____

Who uses the obstacle course? _____

Do the users sign a waiver specific for their participation? Yes No

Do you sublease space? Yes No

Do you have cryotherapy? Yes No ***Please note that our program does NOT insure Cryotherapy.**

Describe the apparatus that make up the obstacle course:

- Tire footwork
- Climbing walls, Height _____
- Climbing ropes, Height _____
- Balance Beam, Height _____
- Hanging Tire, Height _____
- Low crawl
- Horizontal Ladder
- Vertical Ladder, Height _____
- Rope Climb, Height _____
- Vault
- Horizontal Shelf, Height _____
- Horizontal bar, Height _____

Other obstacles/apparatus not listed above. Describe in detail:

Please provide photos of the obstacle course.

Applicant's Signature

Date

Licensed Agent or Broker Information: (if applicable)

Name: _____

Address: _____

License Number: _____

Phone _____ Fax _____