

# **CLIMBING WALL PROPERTY INSURANCE APPLICATION**

*Fax Application to: 801-763-1374*

### **Insured Information:**

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 of 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

### **Portable Wall Insurance Values:**

**Portable Wall Coverage Not Needed**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

**Stratus Insurance Services (801) 763-1375**