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Obstacle Course Supplemental Application (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

Describe the apparatus that make up the obstacle course:

- Tire footwork
- Climbing ropes, Height \_\_\_\_\_
- Hanging Tire, Height \_\_\_\_\_
- Horizontal Ladder
- Rope Climb, Height \_\_\_\_\_
- Horizontal Shelf, Height \_\_\_\_\_
- Other obstacles/apparatus not listed above. Describe in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Climbing walls, Height \_\_\_\_\_
- Balance Beam, Height \_\_\_\_\_
- Low crawl
- Vertical Ladder, Height \_\_\_\_\_
- Vault
- Horizontal bar, Height \_\_\_\_\_

**Please provide photos of the obstacle course.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Licensed Agent or Broker Information: (if applicable)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

License Number: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_