



CLUBS SUPPLEMENTAL APPLICATION

AGENCY INFORMATION

1. APPLICANT INFORMATION

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

EFFECTIVE DATE: _____ TERM: _____

CLUB NAME: _____ WEBSITE: _____

LOCATION ADDRESS: _____

OWNED LEASED RENTED RENTED TO OTHERS

YEARS IN BUSINESS: _____ NEW VENTURE: YES NO

INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) : _____

2. TYPE OF CLUB (SELECT ALL THAT APPLY) :

- | | |
|---|--|
| <input type="checkbox"/> COUNTRY CLUB | <input type="checkbox"/> SWIMMING |
| <input type="checkbox"/> HUNTING | <input type="checkbox"/> FISHING |
| <input type="checkbox"/> GUN/RIFLE | <input type="checkbox"/> RACKET / SPORTS |
| <input type="checkbox"/> SOCIAL | <input type="checkbox"/> CIVIC SERVICE |
| <input type="checkbox"/> NON-FOR-PROFIT | <input type="checkbox"/> PROFIT |
| <input type="checkbox"/> PRIVATE | <input type="checkbox"/> PUBLIC |
| <input type="checkbox"/> OTHER (EXPLAIN): _____ | |

3. NUMBER OF MEMBER: ACTIVE: _____ INACTIVE: _____

4. SPECIAL EVENTS OR EXHIBITIONS HELD:

NO YES - EXPLAIN: _____

5. LIST ALL EVENTSTHAT WILL BE THIS YEAR, INCLUDING ESTIMATED ATTENDENCE AND LOCATION (IF DIFFERENT FROM ABOVE ADDRESS):

6. ARE THERE ANY PREMISES, LAND, VEHICLES, BOATS, AMUSEMENTS DEVICES, GUNS, POWER EQUIPMENT, ETC. OWNED, LEASED OR RENTED BY THE CLUB:

NO YES - EXPLAIN: _____

7. IS ALCOHOL PROVIDED OR SERVED AT ANY CLUB MEETINGS OR EVENTS:
 (PLEASE NOTE THIS POLICY DOES NOT COVER "HOST LIQUOR OR LIQUOR LIABILITY")

NO YES - EXPLAIN: _____

8. DO YOU USE ANY INDEPENDENT CONTRACTORS:

NO YES - EXPLAIN: _____

IF YES DO YOU REQUIRE CERTIFICATES OF INSURANCE IN FORCE FROM INDEPENDENT CONTRACTORS?

NO YES - EXPLAIN: _____

9. DO YOU ASSUME ANYONE ELSE'S LIABILITY IN YOUR CONTRACTS:

NO YES (PLEASE ATTACH COPY OF CONTRACT)

10. DOES THE CLUB SPONSOR ANY SUMMER CAMP PROGRAMS FOR CHILDREN:

NO YES - EXPLAIN: _____

11. LIMITS OF INSURANCE

COVERAGE	LIMITS
GENERAL AGGREGATE	\$
PRODUCTS/ COMPLETED OPERATIONS AGGREGATE	\$
PERSONAL AND ADVERTISING INJURY	\$
EACH OCCURRENCE LIMIT	\$
FIRE DAMAGE (UP TO \$50,000)	\$
MEDICAL EXPENSE (UP TO \$5,000)	\$
PROFESSIONAL (IF APPLICABLE)	\$

12. ADDITIONAL INSURED

ADDITIOANL INSURED	DESCRIBE INTERESTS

13. PROVIDE THE FOLLOWING PRIOR INSURANCE HISTORY: IF NO PRIOR, CHECK HERE

INSURANCE COMPANY	POLICY PERIOD	LIMITS OF LIABILITY	PREMIUM	OCCURRENCE OR CLAIMS MADE	TYPES OF COVERAGE

a) DURING THE PAST THREE (3) YEARS, HAVE ANY CLAIMS BEEN PRESENTED TO YOUR CURRENT OR PRIOR INSURANCE CARRIER

NO YES - EXPLAIN (INCLUDE DESCRIPTION, AMOUNTS, AND RESERVES:

b) ARE YOU OR ANY OTHER PERSON FOR WHOM INSURANCE IS BEING REQUESTED, AWARE OF ANY CIRCUMSTANCES WHICH MAY RESULT IN A CLAIM:

NO YES - EXPLAIN: _____

c) HAVE YOU OR ANY OTHER PERSON FOR WHOM INSURANCE IS BEING REQUESTED, HAS ANY LIABILITY APPLICATION DENIED, POLICY CANCELLED OR POLICY NON-RENEWED IN THE PAST THREE (3) YEARS:

NO YES - EXPLAIN: _____

APPLICANT SIGNATURE: _____

DATE: _____

PRODUCER NAME: _____

DATE: _____

ADDRESS: _____

TELEPHONE: _____