

Club Liability Supplemental
(Complete in addition to Acord Application)

1. Agency Code: _____ Agency: _____
2. Phone: _____ Fax: _____ Web site: _____
3. Producer: _____ E-Mail Address: _____
4. Assistant: _____ E-Mail Address: _____

Application courtesy of <http://www.insurance-applications.com>

General Information:

5. Business Name (dba): _____
6. Legal Name: _____ Years In Business: _____
7. Mailing Address: _____ City: _____ State: _____ Zip: _____
8. Physical Address: _____ City: _____ State: _____ Zip: _____
9. Contact Person: _____ Phone: _____ Fax: _____
10. Email Address: _____ Web site: _____
11. Type of Entity: Individual Partnership Joint Venture Corporation Other: _____
12. Effective Date: ____ / ____ / ____ Expiration Date: ____ / ____ / ____ Need By Date: ____ / ____ / ____

Description of Operations & Exposures:

13. _____

Underwriting Information:

14. The purpose of the club is: _____

Please attach copy of By-Laws, Newsletter, Rules or Promotional Material.

15. The club is: Private Public
16. Please provide number of members: _____ active _____ inactive
17. Please provide the total annual club receipts for the past year: \$ _____
18. Does the club sponsor activities where non-members participate for a charge? Yes No
If yes, please provide receipts: \$ _____
19. Does the applicant sell or distribute products or services to the public? Yes No
If yes, please describe and state receipts for the last 12 month: _____

20. Please provide address and description of sites where meetings are held: _____

21. Does the applicant have any employees? Yes No
If yes, how many? _____

22. Please summarize special events held last year: _____

Underwriting Information:

23. Please provide a list of events and activities planned this year along with estimated attendance and location(s) where they will be held: _____

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24. Does the applicant sponsor or promote participation in any activities operated by others? Yes No
If yes, please describe: _____

25. Are there any premises, land, vehicles, boats, animals, amusement devices, guns, power equipment, etc. owned or leased by the club? Yes No
If yes, please provide full details: _____

26. Is liquor served at any club meetings or events? Yes No
If yes, who furnishes and serves the liquor: _____

27. If liquor is served by others on applicant's premises, are Certificates of Liquor Liability Insurance required? Yes No

28. Does the applicant hire the services of any independent contractors? Yes No
If yes, please provide details of work performed by independent contractors: _____

29. Does the applicant require Certificates of Insurance from independent contractors showing General Liability and Workers Compensation coverage in force? Yes No

30. Does the applicant assume anyone else's liability by contract? Yes No
If yes, please attach a copy of the contract.

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**