



Mid Valley General Agency LLC  
 3400 State Street #G-740, Salem, OR 97301  
 Phone: 888-565-7001 ♦ Fax: 888-265-7353  
 www.midvalleyga.com

**CLUB PROGRAM SUPPLEMENTAL APPLICATION**  
 (COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Applicant's Name: \_\_\_\_\_

Web site Address: \_\_\_\_\_

**1. Type of Club or Organization:**

- a.  Civic       Service       Social
- b.  For Profit       Not For Profit
- c.  Buildings or premises owned or leased  
 No buildings or premises owned or leased except for office purposes
- d.  Athletic or sports       Country or golf       Polo  
 ATV, motorcycle or snowmobile       Dating/encounter       Racquet sports and handball  
 Automobile       Equestrian Riding       Snow or water sports  
 Beach club       Financial/investing       Social Services – Consulting  
 Business or professional       Gentlemen's club       Swimming  
 Camping       Hunting—hunt/skeet/trap  
 Collegiate fraternities or sororities       Non-collegiate fraternity  
 Other—Describe: \_\_\_\_\_

**2. Describe Purpose/Goals of your Organization:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 3.** \_\_\_\_\_ Number of Members  
 \_\_\_\_\_ Square footage you occupy in buildings owned or leased by you  
 \_\_\_\_\_ Square footage you lease to others in buildings owned by you

**4. Annual Sources of Revenue:**

- |   |                              |
|---|------------------------------|
| \$ _____ Membership Fees or Dues  | \$ _____ Donations           |
| \$ _____ Restaurant/Food Sales  | \$ _____ Catering Operations |
| \$ _____ Liquor Sales   | \$ _____ Hall Rental         |
| \$ _____ Rental income from property leased to others                                       |                              |
| \$ _____ Activities/events on premises where the public is admitted for an admission charge |                              |
| \$ _____ Special Events off premises. Describe event: _____                                 |                              |
| \$ _____ Other—Describe: _____  |                              |

Mid Valley General Agency LLC  
Club Program Supplemental

---

**5. Other operations:**

- Swimming pools  
Number indoor: \_\_\_\_\_  
Number outdoor: \_\_\_\_\_
  - In-ground                       Above-groundDiving boards/slides/diving plat-  
forms? .....  Yes  No  
Diving board/platform height: \_\_\_\_\_  
Slide height: \_\_\_\_\_  
Swimming rules posted? .....  Yes  No  
If an outdoor pool, is it fenced with  
a self-latching gate? .....  Yes  No  
Life-safety equipment available at  
pool side? .....  Yes  No  
Certified lifeguard available when  
swimming is allowed? .....  Yes  No

- Boats, motorboats, sailboats  
Number: \_\_\_\_\_  
Type: \_\_\_\_\_
- Bingo or "Casino" Nights—Public admitted  
Number of nights monthly: \_\_\_\_\_  
Average nightly attendance: \_\_\_\_\_
- Land Owned or Leased  
Number of acres: \_\_\_\_\_
- Playgrounds  
Number: \_\_\_\_\_
- Ski lifts/tows
- Waterfront Exposures
  - Lake    River    Ocean/Gulf
  - Lake formed by a dam (complete GLS-113)Lake—Number of acres: \_\_\_\_\_  
Is swimming allowed? .....  Yes  No

- 6. Do club activities involve sponsorship or operation of "camps" for children or the mentally/physically challenged? .....  Yes  No
  - 7. Does applicant have any other business ventures for which coverage is not requested? .....  Yes  No  
If yes, explain and advise insurance carrier's name: \_\_\_\_\_
- 

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_