**CLUB PROGRAM SUPPLEMENTAL APPLICATION**(Complete in addition to the ACORD General Liability Application)

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| Applicant’s Name:    Location Address: | Agency Name:    Agent No.:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**        **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” or N/A

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

**a.**  Civic  Service  Social

**b.**  For Profit  Not-For-Profit

**c.**  Athletic or Sports  Equestrian Riding  Political

ATV/UTV or Snowmobile  Equestrian Polo  Polo

Automobile  Exercise/Health  Racquet Sports and Handball

Beach Club  Financial/Investing  Snow Sports

Business or Professional  Gentlemen’s Club  Social Services—Consulting

Camping  Hunting/Shooting  Swimming

Collegiate Fraternities or Sororities  Marijuana/Cannabis  Water Polo

Country or Golf  Motorcycle  Water Sports

Dating/Encounter  Non-Collegiate Fraternity

Other—Describe:

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| **2. Describe purpose/goals of your club/organization:** |

**3.** **Are any buildings or premises owned or leased except for office purposes?**  Yes  No

If yes:       Square footage you occupy

      Square footage used for hall rental

      Square footage you lease to others

**4. Number of members:**

**5. 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:

**6. Other Operations:**

**a. Bingo or casino games—public admitted?**  Yes  No

If yes: Number of days/nights monthly:

Average daily/nightly attendance:

**b. Boats (other than canoes or rowboats)?**  Yes  No

If yes: Number:

Type:

**c. Land owned or leased?**  Yes  No

If yes:Number of acres:

**d. Playgrounds?**  Yes  No

If yes:Number:

**e. Ski lifts/tows?**  Yes  No

**f. Swimming or wading pools?**  Yes  No

Number indoor:

Number outdoor:

In-ground  Above-ground

Diving boards/slides/diving platforms?  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

Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?  Yes  No

**g. Waterfront exposures?**  Yes  No

Lake (if formed by a dam complete GLS-113)  River  Ocean/Gulf

Is swimming allowed?  Yes  No

If lake: Number of acres:

**h. Are there any hatchet/axe throwing activities?**  Yes  No

**7. Do activities involve sponsorship or operation of “camps” for children or the mentally/physically challenged?**  Yes  No

**8. Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies?**  Yes  No

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| If yes, describe: |

**9. Does applicant have any other business ventures for which coverage is not requested?**  Yes  No

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| If yes, explain and advise where insured: |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning  character, general reputation, personal characteristics and mode of living. Upon written request, additional  information as to the nature and scope of the report, if one is made, will be provided. | | |