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

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. <input type="checkbox"/> Civic                              | <input type="checkbox"/> Service                   | <input type="checkbox"/> Social                      |
| b. <input type="checkbox"/> For Profit                         | <input type="checkbox"/> Not-For-Profit            |  |
| c. <input type="checkbox"/> Athletic or Sports                 | <input type="checkbox"/> Equestrian Riding         | <input type="checkbox"/> Political                   |
| <input type="checkbox"/> ATV/UTV or Snowmobile                 | <input type="checkbox"/> Equestrian Polo           | <input type="checkbox"/> Polo                        |
| <input type="checkbox"/> Automobile                            | <input type="checkbox"/> Exercise/Health           | <input type="checkbox"/> Racquet Sports and Handball |
| <input type="checkbox"/> Beach Club                            | <input type="checkbox"/> Financial/Investing       | <input type="checkbox"/> Snow Sports                 |
| <input type="checkbox"/> Business or Professional              | <input type="checkbox"/> Gentlemen's Club          | <input type="checkbox"/> Social Services—Consulting  |
| <input type="checkbox"/> Camping                               | <input type="checkbox"/> Hunting/Shooting          | <input type="checkbox"/> Swimming                    |
| <input type="checkbox"/> Collegiate Fraternities or Sororities | <input type="checkbox"/> Marijuana/Cannabis        | <input type="checkbox"/> Water Polo                  |
| <input type="checkbox"/> Country or Golf                       | <input type="checkbox"/> Motorcycle                | <input type="checkbox"/> Water Sports                |
| <input type="checkbox"/> Dating/Encounter                      | <input type="checkbox"/> Non-Collegiate Fraternity |  |
| <input type="checkbox"/> Other—Describe: _____                 |  |  |

**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  
If yes, describe: \_\_\_\_\_

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

**IMPORTANT NOTICE**

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.