**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, Motorcycle 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 [ ]  Medical Marijuana [ ]  Water Polo

[ ]  Country or Golf [ ]  Non-Collegiate Fraternity [ ]  Water Sports

[ ]  Dating/Encounter

[ ]  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:

**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 back-up 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. |