



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, Motorcycle 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"/> Medical Marijuana | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Country or Golf | <input type="checkbox"/> Non-Collegiate Fraternity | <input type="checkbox"/> Water Sports |
| <input type="checkbox"/> Dating/Encounter | | |
| <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: _____

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
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.