

## **CLUB PROGRAM SUPPLEMENTAL APPLICATION**

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Applicant's Name:									
We	eb si	te A	ddress:						
	1.	1. Type of Club or Organization:							
		a. Civic Service Social							
		b.	☐ For Profit ☐ Not For Profit						
		c.	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 sp	orts and handball			
			☐ Automobile	☐ Equestrian Riding	☐ Snow or wa	ater sports			
			☐ Beach club	☐ Financial/investing	☐ Social Serv	rices – 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	ı				
	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:							
	Ф	\$ Other_Describe:							

Э.	Other operations.							
	☐ Swimming pools		Boats, motorboats, sailboats					
	Number indoor:		Number:					
	Number outdoor:		Type:					
	☐ In-ground ☐ Above-ground		Bingo or "Casino" Nights—Public admitted					
	Diving boards/slides/diving plat-		Number of nights monthly:					
	forms? Yes No	_	Average nightly attendance:					
	Diving board/platform height:		Land Owned or Leased					
	Slide height:		Number of acres:					
	Swimming rules posted? Yes No		Playgrounds					
	If an outdoor pool, is it fenced with		Number:					
	a self-latching gate?		Ski lifts/tows					
	Life-safety equipment available at pool side? Yes No		Waterfront Exposures					
			☐ Lake ☐ River ☐ Ocean/Gulf					
	Certified lifeguard available when swimming is allowed?		☐ Lake formed by a dam (complete GLS-113)					
	ownining to discussed.		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?							
7.	Does applicant have any other business ventures for which coverage is not requested?							
	If yes, explain and advise insurance carrier's name:							
	ii yoo, explain and advise insurance carrier a name.							
FR	RAUD WARNING:							
ins info	y person who knowingly and with intent to defraud an urance or statement of claim containing any materially ormation concerning any fact material thereto commits rson to criminal and civil penalties.	false inform	ation or conceals for the purpose of misleading,					
FR	AUD WARNING (APPLICABLE IN TENNESSEE AND	WASHINGTO	DN):					
	s a crime to knowingly provide false, incomplete, or misle rauding the company. Penalties include imprisonment, f	•						
FR	AUD WARNING APPLICABLE IN THE STATE OF NE	W YORK:						
ins info	y person who knowingly and with intent to defraud an urance or statement of claim containing any materially ormation concerning any fact material thereto, commits bject to a civil penalty not to exceed five thousand dollars	false informa a fraudulent i	ation, or conceals for the purpose of misleading, nsurance act, which is a crime, and shall also be					
ΑP	PLICANT'S NAME AND TITLE:							
ΑP	PLICANT'S SIGNATURE:		DATE:					
- <b></b>	(Must be signed by an active owner		· · · · · · · · · · · · · · · · · · ·					
DD	ODUCER'S SIGNATURE:		DATE:					
LK	ODUCEN O SIGNATUNE.		DAIL.					