



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

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.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____



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 to Oregon.)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.