



# APPLICATION FOR CLUB LIABILITY

1. Name of Applicant \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Individual    Corporation    Partnership    Other (Explain) \_\_\_\_\_

3. List full names of individuals or partners and their interests: \_\_\_\_\_  
 \_\_\_\_\_

4. Address of Location to be Insured (If same as above, write "Same".)    5. Date Established: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Provide the following information. If no prior insurance, check here.

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

6. During the past three years, have any claims been presented to your current or prior insurance carrier? If yes, provide full details. Yes    No  
 Include description of claim, amounts paid and reserves. (Attached page if more space needed) \_\_\_\_\_  
 \_\_\_\_\_

7. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? Yes    No  
 If yes, provide details. \_\_\_\_\_

8. Has applicant, or any other person for whom insurance is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years? If yes, provide full details. Yes    No  
 \_\_\_\_\_

9. The purpose of the club is \_\_\_\_\_  
(Attach copy of bylaws, newsletter, rules or promotional material)

10. The club is:            Public            Private  
 Is there a clubhouse owned, leased or rented by the insured?    Yes    No    Is it rented to others?    Yes    No

11. Number of members:            \_\_\_\_\_ Active            \_\_\_\_\_ Inactive

12. Locations where meetings are held: \_\_\_\_\_  
 \_\_\_\_\_

13. List special events held last year: \_\_\_\_\_

14. Please list events and activities planned this year, along with estimated attendance and location(s) where they will be held: \_\_\_\_\_

15. Are there any premises, land, vehicles, boats, amusement devices, guns, power equipment, etc. owned or leased by the club? If yes, provide full details. \_\_\_\_\_ Yes No

16. Is any alcoholic beverage served at any club meetings or events? If yes, who furnishes and serves the beverage? \_\_\_\_\_ Yes No  
(Please note: Policy does not cover Host Liquor or Liquor Liability)

17. Does the applicant use independent contractors? Please provide details of work performed by independent contractors. \_\_\_\_\_ Yes No

18. Does the applicant require certificates of insurance from independent contractors showing General Liability and Workers Comp. coverage in force? \_\_\_\_\_ Yes No

19. Do you assume anyone else's liability in your contracts? If yes, attach copy of contract. \_\_\_\_\_ Yes No

20. Does the club sponsor any summer camp programs for children? If yes, please provide full details on a separate sheet of paper. \_\_\_\_\_ Yes No

21.

Additional Insureds	Describe Interests of Additional Insureds

(Attach page with additional info, if needed)

22. LIMITS OF INSURANCE REQUESTED:  
General Aggregate Limit (Other than Products – Completed Operations) \$ \_\_\_\_\_  
Products – Completed Operations Aggregate Limit \$ \_\_\_\_\_  
Personal and Advertising Injury Limit \$ \_\_\_\_\_  
Each Occurrence Limit \$ \_\_\_\_\_  
Fire Damage Limit (up to \$50,000 limit available) \$ \_\_\_\_\_ any one (1) fire  
Medical Expense Limit (up to \$5,000 limit available) \$ \_\_\_\_\_ any one (1) person  
Each Professional Incident Limit (if applicable) \$ \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Producing Agent: \_\_\_\_\_