

CLUB SUPPLEMENTAL

APPLICANT INFORMATION

Applicant Name: _____
 AKA / DBA: _____
 Mailing Address: _____
 Loc Address: _____
 Insured Contact: _____ Phone: _____
 Website: _____
 Yrs in Business: _____ Yrs Experience: _____

GENERAL INFORMATION

Type of Club or Organization:

- a. Civic Service Social
- b. For Profit Not For Profit
- 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 sports and handball
 Automobile Equestrian Riding Snow or water sports
 Beach club Financial/investing Social Services – Consulting
 Business or professional Gentlemen’s club Swimming
 Camping Hunting—hunt/skeet/trap
 Collegiate fraternities or sororities Non-collegiate fraternity
 Other—Describe: _____

Describe Purpose/Goals of your Organization: _____

# of Members	Square Footage	
	_____	Occupied by you in buildings owned or leased by you: _____

SOURCES OF ANNUAL REVENUE

Type

Membership Fees or Dues
Restaurant/Food Sales
Liquor Sales
Rental Income from property leased to others

Annual Revenue \$

\$ _____
\$ _____
\$ _____
\$ _____

Activities/Events on premises where the public is admitted for an admission charge \$ _____
 Special Events off premises – Describe: _____ \$ _____
 Other – Describe: _____ \$ _____
TOTAL \$ _____

OTHER

Swimming Pools # of Indoor: _____ # 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
Boats, Motor Boats, Sailboats Number: _____ Type: _____
Bingo or Casino Nights – for Public # of Nights Monthly: _____ Average Nightly Attendance: _____
Land owned or leased # of Acres: _____
Playgrounds # of Playgrounds: _____ Yes No
Ski lifts / tows Yes No
Waterfront Exposures Lake River Ocean/Gulf Lake formed by a dam
 If a lake, # of acres: _____ swimming allowed? Yes No
 Do club activities involve sponsorship or operation of "camps" for children or the mentally/physically challenged? Yes No
 Does applicant have any other business ventures for which coverage is not requested? Yes No
 If "Yes", explain and advise insurance carrier's name: _____

LOSS INFORMATION

Was prior coverage ever cancelled or non-renewed? Yes No
 If "Yes", please explain: _____
 Loss information for the past 3 years: No losses No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FRAUD STATEMENT

Applicable in Arkansas, Louisiana, and West Virginia
 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.
Applicable in Colorado
 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in District of Columbia

WARNING: 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.

Applicable in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in Maine

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.

Applicable in Maryland

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

Applicable in New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in New Mexico

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 civil fines and criminal penalties.

Applicable in New York

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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

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.

Applicable in Oklahoma

WARNING: 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.

Applicable in Pennsylvania

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.

Applicable in Rhode Island

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

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.

SIGNATURES

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: _____

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____