



CLUB (CIVIC, SERVICE, SOCIAL) & HALL APPLICATION

APPLICANT INFORMATION

NAME:	
MAILING ADDRESS:	
PROPOSED EFF DATE: FROM:	WEBSITE:
TO:	
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	YEARS IN BUSINESS

PREMISE(S) INFORMATION

LOC #	BLD#	STREET, CITY, STATE, ZIP CODE	PC	Construction Type	Age	Square Footage	# Of Stories

Section I. General Liability Information for Clubs (If Catering Hall only, Skip to Section II.)

1. What type of club is this? Civic Social Fraternal Political Other (describe)	
2. What is the primary purpose of the club?	
3. Number of members?	
4. How many times a year does the club meet?	
5. Describe the type of activities the applicant is engaged in?	
6. Does insured provide food, beverage and alcohol? If yes, please provide breakdown of sales. Food/Beverage Alcohol If alcohol, is there a liquor liability policy in force? Is host liquor liability needed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Any Kitchen facilities? If yes, check all that apply Grill Oven BBQ Pit Deep Fat Fryer Is there an automatic extinguishing system over all cooking facilities with maintenance agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is entertainment provided? If yes, check all that apply: DJ Band Karaoke Other _____ Number of times per week? Dance Floor?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Does applicant offer bingo nights? If yes, Number of nights per week? What is average attendance per night? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

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10. Does club offer day care services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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11. Does applicant sponsor any fundraising events or activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe type _____ What is the frequency of events? _____ Where are events held? On-site Off Premises Average number of attendees? _____ Confirm if any of the following exposures are present: moonwalks trampolines rock climbing walls petting zoos athletic games toboggan slides carnivals motorized racing rodeos animal rides firework exhibitions ski lifts/tows Does insured sell any products for fundraising events?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
What types of goods are sold? _____	

12. Does applicant sponsor any off-site trips?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe type of trips _____ Frequency of trips _____ Any overnight exposure?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Average number of attendees? _____ Method of transportation? _____ If third party, are COI's obtained?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>

13. Is there a swimming pool on premises? If Yes:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diving board?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Depth marked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Slide?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Non-slip surfaces?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lifeguards on duty when open?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Warning signs and rules posted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pool completely fenced with self-locking gates?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Life Safety Ring Buoy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

14. Is there a playground on premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe type of equipment _____ Any equipment over five feet?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is ground surfacing: black top concrete rubber mat synthetic turf	

15. Does applicant rent out the premises for special occasions (receptions, parties, etc.)? If yes, Complete Section II of the application	Yes <input type="checkbox"/> No <input type="checkbox"/>
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16. Are bouncers employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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SECTION II. GENERAL LIABILITY INFORMATION ON BANQUET HALL	
1. What are the applicant's annual receipts?	
Please provide breakdown:	

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a. Food _____	
b. Alcohol _____	
c. Hall rental _____	
Other (Describe) _____	
2. What is the maximum capacity of hall?	
3. What is square footage of hall?	
4. How many floors have public access?	
5. Number of times per year hall is rented out?	
6. Are hold harmless agreements obtained from renting parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION II. GENERAL LIABILITY INFORMATION ON BANQUET HALL cont'd.	
7. Is use of pyrotechnics allowed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is a secondary means of egress provided on each floor where public access is allowed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are emergency exits well marked and illuminated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Check all that apply: Emergency lighting Smoke/heat detectors Central station fire alarm Sprinkler system Public access system Tagged fire extinguishers	
11. Does applicant sell or serve alcohol at events? If yes, is there a liquor liability policy in force? What are the policy limits? _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Is security provided? By whom? Insured Off-duty police Independent security service Any use of armed security guards? If third party, are COI's obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have there been any assault and battery incidents in the past five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.