



Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048

Phone: 800.784.1887, Fax: 508.337.3698

CLUB PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

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

1. Type of Club or Organization:

- a. Civic Service Social
- b. For Profit Not-For-Profit
- c. Athletic or Sports Equestrian Riding Political
- ATV, Motorcycle or Snowmobile Equestrian Polo Polo
- Automobile Exercise/Health Racquet Sports and Handball
- Beach Club Financial/Investing Snow Sports
- Business or Professional Gentlemen’s Club Social Services—Consulting
- Camping Hunting/Shooting Swimming
- Collegiate Fraternities or Sororities Medical Marijuana Water Polo
- Country or Golf Non-Collegiate Fraternity Water Sports
- Dating/Encounter
- 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? _____



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5. Annual Sources of Revenue:

- \$ _____ Membership fees or dues
- \$ _____ Restaurant/Food sales
- \$ _____ Liquor sales
- \$ _____ 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: _____
- \$ _____ Donations
- \$ _____ Catering operations
- \$ _____ Hall rental

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



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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 insurance carrier's name: _____

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 in Nebraska, Oregon and Vermont.**

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 in 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 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.

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 knowingly and with intent to defraud any insurance company 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.



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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 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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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.

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.