



**Blackmoor General Insurance Agency**  
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## CLUBS SUPPLEMENTAL APPLICATION

**1. APPLICANT INFORMATION**

NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 EFFECTIVE DATE: \_\_\_\_\_ TERM: \_\_\_\_\_  
 CLUB NAME: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
 LOCATION ADDRESS: \_\_\_\_\_

OWNED     LEASED     RENTED     RENTED TO OTHERS

YEARS IN BUSINESS: \_\_\_\_\_ NEW VENTURE:  YES  NO

INDIVIDUAL     CORPORATION     PARTNERSHIP     OTHER (EXPLAIN) : \_\_\_\_\_

**2. TYPE OF CLUB (SELECT ALL THAT APPLY) :**

- |   |  |
|---|--|
| <input type="checkbox"/> COUNTRY CLUB           | <input type="checkbox"/> SWIMMING        |
| <input type="checkbox"/> HUNTING                | <input type="checkbox"/> FISHING         |
| <input type="checkbox"/> GUN/RIFLE              | <input type="checkbox"/> RACKET / SPORTS |
| <input type="checkbox"/> SOCIAL                 | <input type="checkbox"/> CIVIC SERVICE   |
| <input type="checkbox"/> NON-FOR-PROFIT         | <input type="checkbox"/> PROFIT          |
| <input type="checkbox"/> PRIVATE                | <input type="checkbox"/> PUBLIC          |
| <input type="checkbox"/> OTHER (EXPLAIN): _____ |  |

**3. NUMBER OF MEMBER: ACTIVE: \_\_\_\_\_ INACTIVE: \_\_\_\_\_**

**4. SPECIAL EVENTS OR EXHIBITIONS HELD:**  
 NO  YES - EXPLAIN: \_\_\_\_\_

**5. LIST ALL EVENTSTHAT WILL BE THIS YEAR, INCLUDING ESTIMATED ATTENDENCE AND LOCATION (IF DIFFERENT FROM ABOVE ADDRESS):**  
 \_\_\_\_\_  
 \_\_\_\_\_

6. ARE THERE ANY PREMISES, LAND, VEHICLES, BOATS, AMUSEMENTS DEVICES, GUNS, POWER EQUIPMENT, ETC. OWNED, LEASED OR RENTED BY THE CLUB:

NO  YES - EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_

7. IS ALCOHOL PROVIDED OR SERVED AT ANY CLUB MEETINGS OR EVENTS:  
 (PLEASE NOTE THIS POLICY DOES NOT COVER "HOST LIQUOR OR LIQUOR LIABILITY")

NO  YES - EXPLAIN: \_\_\_\_\_

8. DO YOU USE ANY INDEPENDENT CONTRACTORS:

NO  YES - EXPLAIN: \_\_\_\_\_

IF YES DO YOU REQUIRE CERTIFICATES OF INSURANCE IN FORCE FROM INDEPENDENT CONTRACTORS?

NO  YES - EXPLAIN: \_\_\_\_\_

9. DO YOU ASSUME ANYONE ELSE'S LIABILITY IN YOUR CONTRACTS:

NO  YES (PLEASE ATTACH COPY OF CONTRACT)

10. DOES THE CLUB SPONSOR ANY SUMMER CAMP PROGRAMS FOR CHILDREN:

NO  YES - EXPLAIN: \_\_\_\_\_

11. LIMITS OF INSURANCE

COVERAGE	LIMITS
GENERAL AGGREGATE	\$
PRODUCTS/ COMPLETED OPERATIONS AGGREGATE	\$
PERSONAL AND ADVERTISING INJURY	\$
EACH OCCURRENCE LIMIT	\$
FIRE DAMAGE (UP TO \$50,000)	\$
MEDICAL EXPENSE (UP TO \$5,000)	\$
PROFESSIONAL (IF APPLICABLE)	\$

12. ADDITIONAL INSURED

ADDITIOANL INSURED	DESCRIBE INTERESTS

13. PROVIDE THE FOLLOWING PRIOR INSURANCE HISTORY: IF NO PRIOR, CHECK HERE

INSURANCE COMPANY	POLICY PERIOD	LIMITS OF LIABILITY	PREMIUM	OCCURRENCE OR CLAIMS MADE	TYPES OF COVERAGE

a) DURING THE PAST THREE (3) YEARS, HAVE ANY CLAIMS BEEN PRESENTED TO YOUR CURRENT OR PRIOR INSURANCE CARRIER

NO  YES - EXPLAIN (INCLUDE DESCRIPTION, AMOUNTS, AND RESERVES:

\_\_\_\_\_

\_\_\_\_\_

b) ARE YOU OR ANY OTHER PERSON FOR WHOM INSURANCE IS BEING REQUESTED, AWARE OF ANY CIRCUMSTANCES WHICH MAY RESULT IN A CLAIM:

NO  YES - EXPLAIN: \_\_\_\_\_

c) HAVE YOU OR ANY OTHER PERSON FOR WHOM INSURANCE IS BEING REQUESTED, HAS ANY LIABILITY APPLICATION DENIED, POLICY CANCELLED OR POLICY NON-RENEWED IN THE PAST THREE (3) YEARS:

NO  YES - EXPLAIN: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRODUCER NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_