



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**CLUB SUPPLEMENTAL DISCOVERY QUESTIONNAIRE**  
**THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER**

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

This Questionnaire is designed to be used in conjunction with the General Recreation Application. It is designed for those clubs that have a true membership and is not applicable to businesses simply using the term "club" as part of the business name.

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

1. Club or Association Name: \_\_\_\_\_

2. Purpose of Club or Association: \_\_\_\_\_

3. Name of Officer or Representative: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

4. Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Description of Premises: \_\_\_\_\_

6. Do club-sponsored activities, competitive events, activities, or services involve non members?  Yes  No

7. List all land or premises owned, leased, rented or used, for which premises liability protection is to be provided under the coverage issued. (Use separate sheet if necessary.) If your club or association owns, leases, or otherwise operates a shooting range, a separate shooting range supplement must also be completed.

A. Location: \_\_\_\_\_ Use: \_\_\_\_\_

B. Location: \_\_\_\_\_ Use: \_\_\_\_\_

C. Location: \_\_\_\_\_ Use: \_\_\_\_\_

D. Location: \_\_\_\_\_ Use: \_\_\_\_\_

8. Attach a list of scheduled Club or Association Meetings, gatherings, planned events, and other activities that take place during the year, for which insurance coverage issued is to apply. (Use separate sheet).

9. Provide a list of the directors and officers of the club or association:

10. Membership is comprised of:  Individuals  Business  Other: \_\_\_\_\_

11. Number of members: \_\_\_\_\_ Associate: \_\_\_\_\_ Individual: \_\_\_\_\_ Family: \_\_\_\_\_ Other: \_\_\_\_\_

12. What are the Annual Dues: \$ \_\_\_\_\_ Associate: \_\_\_\_\_ Individual: \_\_\_\_\_ Family: \_\_\_\_\_

Other: \_\_\_\_\_

13. Total receipts received from membership dues: \$ \_\_\_\_\_

From all other services, fees, sales, etc. \$ \_\_\_\_\_

14. Total Annual Gross receipts from ALL operations and services. \$ \_\_\_\_\_

15. How many years has the Club or Association been organized? \_\_\_\_\_

16. Does the Club or Association sell or provide liquor at any activities or events?  Yes  No

If yes, explain: \_\_\_\_\_

17. Please provide the names of all state and national associations your group belongs to: \_\_\_\_\_

18. Describe mobile equipment operated by the Club or Association: \_\_\_\_\_

19. Are there any vehicles or mobile equipment used or furnished for use on premises which are unlicensed?

Yes  No

If yes, provide list of unlicensed vehicles and mobile equipment. \_\_\_\_\_

Special Note: Licensed vehicles and equipment, for over the road use, must be insured under a separate automobile coverage contract.

20. Are investigators, guests, or potential members permitted to participate in any Club or Association sponsored events or activities prior to joining?  Yes  No

If yes, explain: \_\_\_\_\_

21. Do you have any grandstands, temporary seating, or special areas designated for spectators only?

Yes  No

If yes, explain: \_\_\_\_\_

\* Club Liability coverage provides protection for Club activities and includes Club members as Additional Insureds against third party claims. Cross liability claims, between one member and against another member, or a member against the Club or Association, are excluded.

\*\*\* Special events, or activities, including non-members and/or spectators, must be added separately. To add this coverage, first submit a Special Events application for consideration. Certain events or scheduled activities are often added at no additional cost.

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_