

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application For Club Liability

1. Name of Applicant _____
 Street Address _____
 City _____ State _____ Zip _____
 Applicant's Web Site Address _____

2. Individual Corporation Partnership Other (Explain) _____

3. List full names of individuals or partners and their interests: _____

4. Address of Location to be Insured (If same as above, write "Same".) 5. Date Established: _____
 Street Address _____
 City _____ State _____ Zip _____

5. Provide the following information. If no prior insurance, check here.

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made	Type of Coverage

6. During the past three years, have any claims been presented to your current or prior insurance carrier? Yes No
 If yes, provide full details.
 Include description of claim, amounts paid and reserves. (Attached page if more space needed) _____

7. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? Yes No
 If yes, provide details. _____

8. Has applicant, or any other person for whom insurance is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years? Yes No
 If yes, provide full details. _____

9. The purpose of the club is _____
 (Attach copy of bylaws, newsletter, rules or promotional material)

10. The club is: Public Private
 Is there a clubhouse owned, leased or rented by the insured? Yes No Is it rented to others? Yes No

11. Number of members: _____ Active _____ Inactive

12. Locations where meetings are held: _____

13. List special events held last year: _____

14. Please list events and activities planned this year, along with estimated attendance and location(s) where they will be held: _____

15. Are there any premises, land, vehicles, boats, amusement devices, guns, power equipment, etc. owned or leased by the club? If yes, provide full details. _____ Yes No

16. Is any alcoholic beverage served at any club meetings or events? _____ Yes No
If yes, who furnishes and serves the beverage? _____
(Please note: Policy does not cover Host Liquor or Liquor Liability)

17. Does the applicant use independent contractors: _____ Yes No
Please provide details of work performed by independent contractors. _____

18. Does the applicant require certificates of insurance from independent contractors showing General Liability and Workers Comp. coverage in force? _____ Yes No

19. Do you assume anyone else's liability in your contracts? _____ Yes No
If yes, attach copy of contract.

20. Does the club sponsor any summer camp programs for children? _____ Yes No
If yes, please provide full details on a separate sheet of paper.

21.

Additional Insureds	Describe Interests of Additional Insureds

(Attach page with additional info, if needed)

22. LIMITS OF INSURANCE REQUESTED:
General Aggregate Limit (Other than Products – Completed Operations) \$ _____
Products – Completed Operations Aggregate Limit \$ _____
Personal and Advertising Injury Limit \$ _____
Each Occurrence Limit \$ _____
Fire Damage Limit (up to \$50,000 limit available) \$ _____ any one (1) fire
Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one (1) person
Each Professional Incident Limit (if applicable) \$ _____

Effective Dates Desired: From _____ To _____

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____