

Civic / Social Club Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

| | |
|-------------------------|-----------------------|
| Brokerage Name: _____ | |
| Address: _____ _____ | |
| City: _____ | Postal Code: _____ |
| Telephone: _____ | Website: _____ |
| General email: _____ | Contact E-mail: _____ |
| Contact Name: _____ | |

Section 2: Risk Details

2.1 Effective Dates

| |
|--|
| Policy period required from _____ to _____ (effective date) (expiry date) |
|--|

2.2 Mailing information

| |
|---|
| Name of Insured as it is to appear on policy: _____ |
| Name of Organization (if different): _____ |
| Mailing Address: _____ _____ _____ |

2.3 What is the insured?

- Corporation Partnership Joint Venture
- Individual Other (specify) _____

2.4 Physical Address of Organization (if different than mailing):

Address: _____

2.5 Webpage: _____

2.6

Provide number of years the business has been in operation: _____

2.7 Provide complete descriptions of the Applicant's operations:

2.8 Please describe fully and break down the types of operations and work performed by the applicant:

a)

| Operations | Estimated Annual Attendance | Estimated Gross Receipts for the Coming Year |
|------------|-----------------------------|--|
| | | |
| | | |
| | | |
| | | |

b) If the Insured has food and/or beverage sales, please indicate receipts:

Annual Receipts for: Food: \$ Alcohol: \$

***If receipts indicate Beer / Wine / Liquor sales, please complete and attach the Liquor Liability Application**

2.9

Total number of members: _____

2.10 Please identify all activities of this club that are not conducted on premises:

| |
|--|
| |
| |
| |
| |
| |

2.11

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Are the above listed activities limited to members and guests? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If no, which activities are open to the public: | | | | |
| | | | | |
| | | | | |

2.12 Have you ever or are you planning to organize or sponsor any of the following?

| | | | | | |
|-------------------------|--------------------|-----|--------------------------|----|--------------------------|
| a) | Fireworks | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) | Carnivals / Circus | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) | Athletic Events | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) | Parades | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) | Motorsports | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please explain: | | | | | |
| | | | | | |
| | | | | | |

2.13

Does the club organization take part in any off-premises activities? Yes No

If yes, please identify these activities:

2.14

Do you ever rent your facility to outside users? Yes No

If yes, please provide a copy of the rental agreement and fee schedule.

2.15

Does your organization have bingo nights? Yes No

If yes:

How often is bingo held? _____

Average Number of people attending each night bingo is held: _____

What are the receipts generated from bingo? _____

Section 3: Liability

3.1 Contractual Liability

a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights? Yes No

If yes, please provide details:

b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract? Yes No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured? Yes No

If no, please advise procedures followed and details of contracts used:

c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured? Yes No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability? Yes No

d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians? Yes No

If no, in whole or part, please explain:

If yes, in whole or part, please attach a copy of the waiver.

3.2 Protective Liability

a) Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)? Yes No

If yes, what is the annual cost of work?

Let \$ _____

Sublet \$ _____

If yes, please give details of the sublet:

b) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations? Yes No

3.3 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation? Yes No

If no, please provide explanation.

3.4 Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft? Yes No

If yes, please give details:

3.5 Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? Yes No

If yes, please give details:

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| b) Does the Insured rent or lease vehicles from others? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, (i) How often per year? : | | | | |
| (ii) Are any of these vehicles driven in the United States? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <hr/> <hr/> <hr/> | | | | |
| c) Does the Insured contract services from others? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please describe: | | | | |
| <hr/> <hr/> | | | | |
| d) Are vehicles used to transport anyone? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, how often and for what purpose? | | | | |
| <hr/> <hr/> | | | | |

Section 4: Claims Information

4.1

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Does the Insured have a formal loss-control program? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please provide details: | | | | |
| <hr/> <hr/> | | | | |

4.2

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Does the Insured have a formal employee safety-training program? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please provide details: | | | | |
| <hr/> | | | | |

4.3

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Does the Insured have a formal premises snow/ice clearance procedure? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please provide details: | | | | |
| <hr/> | | | | |
| <hr/> | | | | |

4.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

| |
|-------|
| <hr/> |
| <hr/> |
| <hr/> |
| <hr/> |
| <hr/> |
| <hr/> |
| <hr/> |

Section 5: Limits of Liability Required

5.1 Commercial General Liability

| | |
|---|----|
| Each Occurrence Limit | \$ |
| Products - Completed Operations Aggregate Limit | \$ |
| Personal Injury Limit | \$ |
| Tenants Legal Liability Limit | \$ |
| Medical Expense Limit - Per Occurrence/Per Person | \$ |
| Non-Owned Automobile Limit: | |
| - Liability | \$ |
| - Physical Damage | \$ |
| Employee Benefits Limit | \$ |
| Employers Liability Limit | \$ |
| Advertising Injury Limit | \$ |
| Other: | \$ |

Section 6: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this Application Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

| | |
|----------------------|------------------|
| Signed: _____ | Full Name: _____ |
| Position Held: _____ | Date: _____ |

Section 7: Additional Information

Additional Information: