



CIVIC / SOCIAL CLUB INSURANCE 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 (effective date): _____ to (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 ☐ No

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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Carnivals / Circus | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Athletic Events | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Parades | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Motorsports | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

If no, in whole or part, please explain: _____

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, in whole or part, please explain: _____

3.4 **Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft?

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 ☐ No

If yes, (i) How often per year? _____

(ii) Are any of these vehicles driven in the United States? ☐ Yes ☐ No

C. Does the Insured contract services from others? ☐ Yes ☐ No

If yes, please describe: _____

D. Are vehicles used to transport anyone? ☐ Yes ☐ No

If yes, how often and for what purpose? _____

SECTION 4: CLAIMS INFORMATION

4.1 Does the Insured have a formal loss-control program? ☐ Yes ☐ No

If yes, please provide details: _____

4.2 Does the Insured have a formal employee safety-training program? ☐ Yes ☐ No

If yes, please provide details: _____

4.3 Does the Insured have a formal premises snow/ice clearance procedure? ☐ Yes ☐ No

If yes, please provide details: _____

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): _____

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

[illegible]