



# CLUBS QUESTIONNAIRE

## (CIVIC, SOCIAL, SERVICE, NON-PROFIT ORGANIZATIONS)

(include a completed ACORD application)

Named Insured:	
Location Address:	
Website:	

1.	Type of Club or Organization																																																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 35%;">Civic</td> <td style="width: 35%;">Service</td> <td style="width: 25%;">Social</td> </tr> <tr> <td>b.</td> <td>For Profit</td> <td colspan="2">Not-For-Profit</td> </tr> <tr> <td>c.</td> <td>Aircraft Club</td> <td>Exercise/Health</td> <td>Political</td> </tr> <tr> <td></td> <td>Athletic/Sports</td> <td>Equestrian Polo</td> <td>Polo</td> </tr> <tr> <td></td> <td>ATV/UTV/Snowmobile</td> <td>Equestrian Riding</td> <td>Racquet Sports/Handball</td> </tr> <tr> <td></td> <td>Automobile</td> <td>Financial/Investing</td> <td>Snow Sports</td> </tr> <tr> <td></td> <td>Beach Club</td> <td>Fraternity/Sorority (non-school)</td> <td>Social Services/Consulting</td> </tr> <tr> <td></td> <td>Business/Professional</td> <td>Fraternity/Sorority (school)</td> <td>Swimming</td> </tr> <tr> <td></td> <td>Camping</td> <td>Gentlemen's Club</td> <td>Trade Association</td> </tr> <tr> <td></td> <td>Club involving animals</td> <td>Gun/Hunting/Shooting</td> <td>Water Polo</td> </tr> <tr> <td></td> <td>Country/Golf</td> <td>Marijuana/Cannabis</td> <td>Water Sports</td> </tr> <tr> <td></td> <td>Date/Encounter</td> <td colspan="2">Motorcycle</td> </tr> <tr> <td></td> <td colspan="3">Others:</td> </tr> </table>	a.	Civic	Service	Social	b.	For Profit	Not-For-Profit		c.	Aircraft Club	Exercise/Health	Political		Athletic/Sports	Equestrian Polo	Polo		ATV/UTV/Snowmobile	Equestrian Riding	Racquet Sports/Handball		Automobile	Financial/Investing	Snow Sports		Beach Club	Fraternity/Sorority (non-school)	Social Services/Consulting		Business/Professional	Fraternity/Sorority (school)	Swimming		Camping	Gentlemen's Club	Trade Association		Club involving animals	Gun/Hunting/Shooting	Water Polo		Country/Golf	Marijuana/Cannabis	Water Sports		Date/Encounter	Motorcycle			Others:		
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	Others:																																																				
2.	Is the applicant a lobbying or advocacy group that involves controversial issues, marches or demonstrations (Right to life, animal rights, etc.)?		Yes		No																																																
3.	Describe purpose/goals of club/organization:																																																				
4.	Are any buildings or premises owned or leased other than for office purposes?																																																				
		Yes		No																																																	
	a. Square footage you occupy:																																																				
	b. Square footage used for hall rental:																																																				
	c. Square footage you lease to others:																																																				
5.	Number of members:																																																				
6.	Annual Sources of Revenue:																																																				
	\$	Membership fees/dues	\$	Donations																																																	
	\$	Restaurant/Food Sales*	\$	Catering Operations																																																	
	\$	Liquor Sales*	\$	Hall Rental																																																	
	\$	Rental income from property leased to others																																																			
	\$	Activities/Events on premises where the public is admitted for an additional charge																																																			
	\$	Special events off premises** Describe:																																																			
	\$	Other:																																																			
7.	Other Operations:																																																				
	a. Bingo or casino game – public admitted?																																																				
		Yes		No																																																	
	If yes: Number of days/nights monthly:      Average daily/nightly attendance?																																																				
	b. Boats (other than canoes or rowboats?)																																																				
		Yes		No																																																	
	If yes: Number:      Type:																																																				
	c. Land owned or leased?																																																				
		Yes		No																																																	
	If yes: Number of acres:																																																				

d.	Playgrounds?		Yes		No
If yes: Number:					
e.	Ski lifts/tows?		Yes		No
f.	Swimming Pools, Wading Pools, Hot Tubs?		Yes		No
Number Indoor:		Number Outdoor (in-ground):		Number Outdoor (above ground):	
	Diving boards/slides/diving platforms?		Yes		No
Diving board/platform height:		Slide height:			
	Swimming rules posted?		Yes		No
	If an outdoor pool, is it fenced with a self-latching gate?		Yes		No
	Life-safety equipment available at pool side?		Yes		No
	Certified lifeguard available when swimming is allowed?		Yes		No
	In compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?		Yes		No
g.	Waterfront exposures?		Yes		No
	Lake		River		Ocean/Gulf
	Dam (complete questionnaire)				
If a lake: Number of acres:					
	Is swimming allowed?		Yes		No
	h. Are there any hatchet/axe throwing activities?		Yes		No
8.	Do activities involve sponsorship or operation of "camps" for children or the mentally/physically challenged?		Yes		No
	If yes, describe:				
9.	Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies?		Yes		No
	If yes, describe:				
10.	Does applicant have any other business ventures for which coverage is not requested?		Yes		No
	If yes, describe:				
11.	Does the applicant provide any legal, health/medical, governmental type social work, counseling, environmental services or financial advice?		Yes		No
12.	Is the applicant involved in any type of community cleanup or fix up projects?		Yes		No
13.	Does the applicant work with minors?		Yes		No
14.	Does the applicant have 50 or more volunteers?		Yes		No
15.	Does the applicant offer any inflatable amusement devices?		Yes		No
16.	Does the applicant offer any mechanical amusement devices?		Yes		No
17.	Does the applicant serve alcoholic beverages?		Yes		No
18.	Are alcoholic beverages provided without a charge?		Yes		No
	a. Does the club have special events that serve alcohol free of charge?		Yes		No
	b. Is the age of all patrons consuming alcohol verified?		Yes		No
	c. Are all servers required to take alcohol server training (TIPS, etc.)?		Yes		No

\*If there are any food/liquor sales, please complete the Restaurant Questionnaire

\*\*If there are events open to the public, please complete the Special Event Application

## FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

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

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

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

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