



**CLUBS SUPPLEMENT
(Include Acord Application)**

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

1. Primary Function: _____ Non-Profit Yes No
2. What type of functions are banquet room (s) used for?
 _____ Business Meetings _____ Funeral Dinners _____ Fundraisers _____ Bingo Games
 _____ Anniversary Parties _____ Benefit Dances _____ Sport Events _____ Card Games
 _____ Wedding Receptions - # per year _____ Other (describe) _____
3. Is any alcohol ever distributed free of charge? Yes No
 If yes, under what circumstances? _____
4. Are club bartenders paid employees? Yes No
5. Are club facilities available for private use? Yes No
 If yes, are they available to members only? Yes No
 How often are facilities booked? _____
6. What are the annual alcohol receipts generated when the facilities are booked? \$ _____
 Is this amount included in your annual alcohol receipts listed in the Annual Gross Receipts section of the
 Liquor Liability Application or is this in addition to the amount.
 _____ Included _____ In Addition
7. Does our Insured supply the bartenders at all times? _____
8. Does our Insured supply the alcohol at all times? _____
9. Can entertainment be brought in by the booking party? Yes No
 If yes, what kind of entertainment? _____
 How often is entertainment brought in by the booking party? _____
10. Any Contests or Tournaments? Yes No If yes, describe: _____
11. If Rod or Gun Club, is there on site practice? Yes No
 If yes, where is it located? _____
 Can alcohol be taken off the premises to boats, hunting locations, etc? Yes No
 If yes, describe: _____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Signature: _____

Date

Date