



8722 S. Harrison St. Sandy, UT 84070  
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 877-585-2853 • Fax 877-585-2854

## CLUBS

This Questionnaire is designed to be used in conjunction with the General Recreation Application. It is designed for those clubs that have a true membership and is not applicable to businesses simply using the term "club" as part of the business name.

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

1. Club or Association Name: \_\_\_\_\_

2. Purpose of Club or Association: \_\_\_\_\_

3. Name of Officer or Representative: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

4. Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Description of Premises: \_\_\_\_\_

6. Do club-sponsored activities, competitive events, activities, or services involve non members?  Yes  No

7. List all land or premises owned, leased, rented or used, for which premises liability protection is to be provided under the coverage issued. (Use separate sheet if necessary.) If your club or association owns, leases, or otherwise operates a shooting range, a separate shooting range supplement must also be completed.

A. Location: \_\_\_\_\_ Use: \_\_\_\_\_

B. Location: \_\_\_\_\_ Use: \_\_\_\_\_

C. Location: \_\_\_\_\_ Use: \_\_\_\_\_

D. Location: \_\_\_\_\_ Use: \_\_\_\_\_

8. Attach a list of scheduled Club or Association Meetings, gatherings, planned events, and other activities that take place during the year, for which insurance coverage issued is to apply. (Use separate sheet).

9. Provide a list of the directors and officers of the club or association:

\_\_\_\_\_

10. Membership is comprised of:  Individuals  Business  Other: \_\_\_\_\_

11. Number of members: \_\_\_\_\_ Associate: \_\_\_\_\_ Individual: \_\_\_\_\_ Family: \_\_\_\_\_ Other: \_\_\_\_\_

12. What are the Annual Dues: \$ \_\_\_\_\_ Associate: \_\_\_\_\_ Individual: \_\_\_\_\_ Family: \_\_\_\_\_

Other: \_\_\_\_\_

13. Total receipts received from membership dues: \$ \_\_\_\_\_

From all other services, fees, sales, etc. \$ \_\_\_\_\_

14. Total Annual Gross receipts from ALL operations and services. \$ \_\_\_\_\_

15. How many years has the Club or Association been organized? \_\_\_\_\_

16. Does the Club or Association sell or provide liquor at any activities or events?  Yes  No

If yes, explain: \_\_\_\_\_

17. Please provide the names of all state and national associations your group belongs to: \_\_\_\_\_

\_\_\_\_\_

18. Describe mobile equipment operated by the Club or Association: \_\_\_\_\_

\_\_\_\_\_

19. Are there any vehicles or mobile equipment used or furnished for use on premises which are unlicensed?  Yes  No

If yes, provide list of unlicensed vehicles and mobile equipment. \_\_\_\_\_

\_\_\_\_\_

Special Note: Licensed vehicles and equipment, for over the road use, must be insured under a separate automobile coverage contract.

20. Are investigators, guests, or potential members permitted to participate in any Club or Association sponsored events or activities prior to joining?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

21. Do you have any grandstands, temporary seating, or special areas designated for spectators only?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\* Club Liability coverage provides protection for Club activities and includes Club members as Additional Insureds against third party claims. Cross liability claims, between one member and against another member, or a member against the Club or Association, are excluded.

\*\*\* Special events, or activities, including non-members and/or spectators, must be added separately. To add this coverage, first submit a Special Events application for consideration. Certain events or scheduled activities are often added at no additional cost.

## REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

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

Agent/Broker: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name