

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**

CONTRACT DIVISION – CLUBS - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:		Date:
Insured:		
Insured Mailing Address:		
Insured's Web Address:		
Insured Contact Name:		Phone Number:

Types of Clubs requiring a different supplemental application:

- Country, Golf, Tennis, Home-owner associations, Racquet ball, Hunting, Exercise & health or Swim clubs

PROHIBITED (check all that apply to your operations)

- Bicycles, Cars, Motorcycles
- Counseling
- Dating
- Fraternities or sororities
- Horse riding
- Sailing, Scuba, Yachting, Water Skiing
- Sky Diving
- Snowmobile, Skiing

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application

_____ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LOSS HISTORY

- Three years of loss history information provided on ACORD application or attached to this application

CLUBS - SUPPLEMENTAL APPLICATION

OPERATIONS / EXPOSURES

- Describe type of club, or purpose of club:

- Beach(es) Total length: _____ feet
- Lake(s) Total acres: _____ **Lakes must be posted to prohibit swimming**
- Land – total number of acres owned by the club: _____ acres
- Off Premises Activities (describe):

OPERATIONS / EXPOSURES

- Swimming Pool(s) Number of swimming pools: _____
 - Meets Federal swimming pool/spa drain cover standards found in the Virginia Graeme Baker Pool and Spa Safety Act
 - Depths marked, Life safety equipment placed in pool area, Rules posted
 - Competitions Diving Teams Swimming Instruction
 - Fenced completely with self-latching gate(s), , if pool is outdoors
 - Life guards CPR trained Subcontracted out
 - Slides or diving boards Maximum height: _____ feet

SUBCONTRACTORS / INDEPENDENT CONTRACTORS

- Uninsured subcontractors are not acceptable.
- Risk Transfer – Subcontractors:
 - Additional Insured – Status granted to you on the subcontractor’s policy
 - Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own

CLUB MEMBERS

- Number of annual memberships: _____

RECEIPTS

All Operations <u>including</u> liquor receipts	\$
Liquor Receipts Only	\$

PLANNED EXPANSION OR NEW ACTIVITIES IN COMING POLICY TERM

- New activities or expansion is anticipated (describe):

CLUBS - SUPPLEMENTAL APPLICATION

COVERAGE OPTIONS - LIABILITY (check if you would like an optional quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651

- Liquor Liability** (requires separate liquor liability supplemental application)

- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like an optional quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
 Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

GENERAL FRAUD STATEMENT (Not applicable in all states.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- *The answers are true, correct and complete to the best of his/her knowledge.*
- *They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE