



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
800-548-4301 • www.neee.com

CLUB (CIVIC, SERVICE, SOCIAL) & HALL SUPPLEMENTAL APPLICATION

(Complete in addition to Acord Application)

APPLICANT INFORMATION:

NAME: _____ PROPOSED EFF. DATE: FROM: _____ TO: _____

LOCATION ADDRESS: _____ WEBSITE: _____

Section I: GENERAL LIABILITY INFORMATION FOR CLUBS (IF CATERING ONLY, SKIP TO SECTION II)

1. What type of club is this? Civic Social Fraternal Political Other (Describe) _____

2. What is the Primary purpose and mission of the club? _____

3. Please check all operations that apply:

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Bingo | <input type="checkbox"/> Bowling Lanes | <input type="checkbox"/> Comedy Club |
| <input type="checkbox"/> Gentlemen's Club | <input type="checkbox"/> Golf/Country Club | <input type="checkbox"/> Hall Rental | <input type="checkbox"/> Health/Exercise/Raquet/
Ski/Sports Club | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Hunting or Gun Club | <input type="checkbox"/> Labor Union | <input type="checkbox"/> Lake/Pond/Beach
Exposure | <input type="checkbox"/> Night Club/Cabaret/
Dance Hall | <input type="checkbox"/> Piers/Decks/Boat Slips/
Moorings |
| <input type="checkbox"/> Pool/Billiards Hall | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Swimming Club/
Water Sports | <input type="checkbox"/> Swimming Pool | |

4. Number of Members? _____

5. How many times a year does the club meet? _____

6. Describe the type of activities the applicant is engaged in? _____

7. Hours of operation: Weekends: _____ AM / PM to _____ AM / PM

Weekdays: _____ AM / PM to _____ AM / PM

8. Does Insured provide food, beverage and alcohol? Yes No

If YES, please provide breakdown of sales (Dollar amount) Food/Beverage: \$ _____ Alcohol: \$ _____

If alcohol, is there a liquor liability policy in force? Yes No

Is host liquor liability needed? Yes No

9. Any Kitchen facilities? Yes No

If YES, check all that apply Grill Oven BBQ Pit Deep Fat Fryer

Is there an automatic extinguishing system over all cooking facilities with maintenance agreement? Yes No

If YES, is it a dry system? Yes No

10. Is entertainment provided? Yes No

If YES, check all that apply: DJ Band Karaoke Other _____

Number of times per week? _____

Dance Floor? _____

11. Does applicant offer bingo nights? Yes No

If YES, Number of nights per week? _____

What is the average attendance per night? _____

12. Does the club offer daycare services? Yes No

13. Does Applicant sponsor any fundraising events or activities? Yes No

If YES, please describe type _____

What is the frequency of events? _____

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Where are events held? On-Site Off Premises

Average number of attendees? _____

Confirm if any of the following exposures are present:

- | | | | | |
|---|---|--|---------------------------------------|---|
| <input type="checkbox"/> Moonwalks | <input type="checkbox"/> Trampolines | <input type="checkbox"/> Rock Climbing Walls | <input type="checkbox"/> Petting Zoos | <input type="checkbox"/> Athletic Games |
| <input type="checkbox"/> Toboggan Slides | <input type="checkbox"/> Carnivals | <input type="checkbox"/> Motorized Racing | <input type="checkbox"/> Rodeos | <input type="checkbox"/> Animal Rides |
| <input type="checkbox"/> Firework Exhibitions | <input type="checkbox"/> Ski lifts/tows | | | |

Does insured sell any products for fundraising events? Yes No

If **YES**, What types of goods are sold? _____

14. Does applicant sponsor any off-site trips? Yes No

If **YES**, please describe type of trips _____

Frequency of trips: _____

Any overnight exposure? Yes No

Average number of attendees? _____

Method of transportation _____

If third party, are COI's obtained? Yes No

15. Is there a swimming pool on premises? Yes No

16. Is there a playground on premises? Yes No

If **YES**, describe type of equipment _____

17. Does applicant rent out the premises for special occasions (receptions, parties, etc.)? Yes No

If **YES**, Complete Sections II of the application

18. Are bouncers on premises? Yes No

19. Have there been any assault/battery incidents in the past five years? Yes No

SECTION II: GENERAL LIABILITY INFORMATION ON BANQUET HALL

1. Check all operations that apply:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Catering/Banquet Hall | <input type="checkbox"/> Concert Hall |
| <input type="checkbox"/> Dance Hall/Ballroom/Discotheque/Nightclub | <input type="checkbox"/> Exhibition Building | <input type="checkbox"/> Theater |

2. What are the applicant's annual receipts? _____

Please provide breakdown:

a. Food _____ b. Alcohol _____ c. Hall Rental _____ d. Other (describe) _____

3. Any Kitchen facilities? Yes No

If **YES**, check all that apply Grill Oven BBQ Pit Deep Fat Fryer

Is there an automatic extinguishing system over all cooking facilities with maintenance agreement? Yes No

If **YES**, is it a dry system? Yes No

4. What is the maximum capacity of hall? _____

5. What is square footage of hall? _____

6. How many floors have public access? _____

7. Number of times per year hall is rented out? _____

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8. Hours of operation: Weekends: ____ AM/ PM to ____ AM/ PM
 Weekdays: ____ AM/ PM to ____ AM/ PM
9. Are hold harmless agreements obtained from renting parties? Yes No
10. Is entertainment provided? Yes No
 If **YES**, check all that apply: DJ Band Karaoke Other _____
 Number of times per week? _____
 Dance Floor? Yes No
11. Is use of pyrotechnics allowed? Yes No
12. Are emergency exits well marked and illuminated? Yes No
13. Check all that are present and operable:
 Emergency Lighting Smoke/Heat Detectors Central Station Fire Alarm
 Sprinkler System Public Address System Tagged Fire Extinguishers
14. Does applicant sell or serve alcohol at events? Yes No
 If **YES**, is there a liquor liability policy in force? Yes No
 What are the policy limits? _____
15. Are bouncers on premises? Yes No
16. Is security provided? Yes No
 By whom? Insured Off-duty police Independent Security Service
 Any use of armed security guards? Yes No
 If third party, are COI's obtained? Yes No
17. Have there been any assault and battery incidents in the past five years? Yes No
18. Is there a valet parking exposure? Yes No

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**



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