

☐ **Scottsdale Insurance Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

CLUB PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD Application)

Applicant's Name: _____

Location Address: _____

Agency Name: _____

Agent No.: _____

Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" or N/A

1. Type of Club or Organization:

- | | | |
|--|--|--|
| a. <input type="checkbox"/> Civic | <input type="checkbox"/> Service | <input type="checkbox"/> Social |
| b. <input type="checkbox"/> For Profit | <input type="checkbox"/> Not-For-Profit | |
| c. <input type="checkbox"/> Athletic or Sports | <input type="checkbox"/> Equestrian Riding | <input type="checkbox"/> Political |
| <input type="checkbox"/> ATV/UTV or Snowmobile | <input type="checkbox"/> Equestrian Polo | <input type="checkbox"/> Polo |
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Exercise/Health | <input type="checkbox"/> Racquet Sports and Handball |
| <input type="checkbox"/> Beach Club | <input type="checkbox"/> Financial/Investing | <input type="checkbox"/> Snow Sports |
| <input type="checkbox"/> Business or Professional | <input type="checkbox"/> Gentlemen's Club | <input type="checkbox"/> Social Services—Consulting |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Hunting/Shooting | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Collegiate Fraternities or Sororities | <input type="checkbox"/> Marijuana/Cannabis | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Country or Golf | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Water Sports |
| <input type="checkbox"/> Dating/Encounter | <input type="checkbox"/> Non-Collegiate Fraternity | |
| <input type="checkbox"/> Other—Describe: _____ | | |

2. Describe purpose/goals of your club/organization: _____

3. Are any buildings or premises owned or leased except for office purposes? ☐ Yes ☐ No

If yes: _____ Square footage you occupy
_____ Square footage used for hall rental
_____ Square footage you lease to others

4. Number of members:

5. Annual Sources of Revenue:

\$ _____	Membership fees or 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 admission charge		
\$ _____	Special events off premises. Describe event: _____		
\$ _____	Other—Describe: _____		

6. Other Operations:

a. Bingo or casino games—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 Pool Questions

Are there swimming, wading pools, hot tubs or spas? ☐ Yes ☐ No

If yes:

Number of pools/wading pools? _____

Number of hot tubs/spas? _____

Describe other bodies of water: _____

Pool area fenced with self-latching gate? ☐ Yes ☐ No

Depths marked on pool? ☐ Yes ☐ No

Are rules posted and clearly visible? ☐ Yes ☐ No

Life safety equipment at poolside and/or waterfront? ☐ Yes ☐ No

Platforms or diving boards? ☐ Yes ☐ No Height: _____

Slides? ☐ Yes ☐ No Height: _____

Are swimming pools, wading pools, hot tubs and spas in compliance with all federal and/or state laws and/or regulations ☐ Yes ☐ No

Are swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☐ No

Are there regularly scheduled maintenance and safety inspections performed by qualified maintenance and inspection personnel ☐ Yes ☐ No

Certified Lifeguards? ☐ Yes ☐ No

(1) If yes, by applicant or outside contractor? _____

If outside contractor, are certificates of insurance on file? ☐ Yes ☐ No

(2) Are lifeguards CPR certified? ☐ Yes ☐ No

Ratio of attendants to children while swimming: _____

- g. Waterfront exposures?** ☐ Yes ☐ No
☐ Lake (if formed by a dam complete GLS-113) ☐ River ☐ Ocean/Gulf
 Is swimming allowed?..... ☐ Yes ☐ No
 If lake: Number of acres: _____
- h. Are there any hatchet/axe throwing activities?** ☐ Yes ☐ No
- 7. Do activities involve sponsorship or operation of “camps” for children or the mentally/physically challenged?** ☐ Yes ☐ No
- 8. 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: _____
- 9. Does applicant have any other business ventures for which coverage is not requested?** ☐ Yes ☐ No
 If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals,

for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____