

# Gun Club Supplemental Application

## Special Event Non-Landowner Additional Insured Application

Club Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Is this event being run by the club?  Yes  No  
If no, are you leasing your facility to a third party?  Yes  No  
Will there be any alcohol served?  Yes  No

If you are relinquishing control of your club to a third party we are unable to add the third party to your policy as a name insured. You must secure a certificate of insurance from the third party naming you as an additional insured.

If you maintain control of the event we can add the sponsoring entity to your policy for an additional premium. We will need the following information in order to provide you with a quote.

### Provide the information on the type of event you want added to your policy:

- Corporate Event  
 Charity Event - Event Dates \_\_\_\_\_ Set up and take down dates (\_\_\_\_\_)

Name of Event: \_\_\_\_\_  
Number of total participants expected \_\_\_\_\_ Number of Spectators expected: \_\_\_\_\_  
Anticipated Gross Income you expect from this event: \$ \_\_\_\_\_

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- Special Event - Event Dates \_\_\_\_\_  
(Include set up and take down)

Name of Event: \_\_\_\_\_  
Number of total participants expected \_\_\_\_\_ Number of Spectators expected: \_\_\_\_\_  
Anticipated Gross Income you expect from this event: \$ \_\_\_\_\_

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- State Shoot - - Event Dates \_\_\_\_\_  
(Include set up and take down)

Name of Event: \_\_\_\_\_  
Number of total participants expected \_\_\_\_\_ Number of Spectators expected: \_\_\_\_\_  
Anticipated Gross Income you expect from this event: \$ \_\_\_\_\_

### Additional Insured Information

*(Please note: You must provide their mailing address in order for certificates to be issued)*

Name: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# Food Vendors

Are you leasing/Renting space to food vendors for your event:  Yes  No

If yes, it is not the intention of your policy through the T.H.E. Insurance Company to provide coverage for food vendors who are leasing space from you and who do not carry their own insurance. They should provide you with a certificate of insurance naming the club as an additional insured. Coverage should include General Liability Limits of no less than \$500,000. Products and Completed operations coverage must be included.

If the vendor does not carry adequate limits or if they do not have a policy we can offer an endorsement to extend coverage for vendors who rent/lease space from you for the duration of the time they are on your premises.

Complete this section to secure a quote:

Number of Food Vendors: \_\_\_\_\_ Type of Food Vendor (ie soda, barbeque, etc.): \_\_\_\_\_  
Total number of days they will be renting/leasing space from you: \_\_\_\_\_

## Vendor's Information (if more than one attach a separate sheet with information for additional vendors)

Name: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Other Vendors

If you are leasing golf carts, or target throwing machines that will be used by your employees and or volunteers for a special event complete the following:

Type of items leased/rented : \_\_\_\_\_ Number of items leased/rented: \_\_\_\_\_

If golf carts will they be rented out to patrons or just used for event staff? \_\_\_\_\_

Total number of days you will be renting these items: \_\_\_\_\_

If physical damage coverage is required we need to know the total value of leased items \$ \_\_\_\_\_

*(Physical Damage provides coverage for the carts or target throwing machines should they get damaged)*

## Vendor's Information (if more than one attach a separate sheet with information for additional vendors)

Name: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Once you have completed this application please sign, date and return it to us to provide you with a quote: You can fax it to us at 386-677-3292 or mail it to us at:

**Sportsman's Insurance Agency, Inc.**  
**1450 N. US 1, Suite 500**  
**Ormond Beach, FL 32174**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_