

Gun Club Supplemental Application 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

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 - 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: \$ _____

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: \$ _____

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 First Community 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: _____