

# Club & Chapter Liability Insurance Plan

*Protect your organization's resources against a costly lawsuit!*

## **One Plan – Complete Protection**

The plan provides extensive coverage for lawsuits resulting from bodily injury and property damage at Chapter or Club-sponsored activities. This includes concession stands, dances, banquets, parties, auctions, raffles, picnics and meetings, to name just a few. Coverage would also apply for official Club or Chapter participation, for instance, participating in a community-sponsored event.

If your Club or Chapter typically rents space when it needs to gather for a meeting or special event, you've probably discovered that the owner of the property required you to purchase a "special event" insurance policy that is typically very expensive to buy or does not protect you fully for the event you've planned.

With the Club & Chapter Liability Insurance Plan you don't have to deal with this disappointing aspect of planning. This Plan provides you with the insurance coverage you need to hold your event – you don't have to apply for a separate policy every time you are in the midst of organizing. This Plan is with you all year long!

## **\$2,000,000 Of Liability Protection At Affordable Rates**

The Club & Chapter Liability Insurance policy provides up to \$1,000,000 in coverage for each occurrence and up to \$2,000,000 in aggregate coverage each year.

Each Club or Chapter interested in this liability insurance can receive a no-obligation premium quotation. Since each Club or Chapter is so different in the activities it participates in, premiums are determined on an individual basis.

However, since this Plan is available to all Clubs and Chapters, each Club and Chapter has the advantage of group buying power and all premiums are kept to a minimum.

## **Coverage For the Club, Members & Officers**

The Club or Chapter is insured when named in a covered lawsuit for act committed by members working for the Club or Chapter and under its direction. Officer and members are insured when named in a covered lawsuit as a result of Club or Chapter activities when they are acting on behalf of the Club or Chapter.

## **What Types of Lawsuits Will The Plans Cover?**

- Suits for covered bodily injury or property damage which occurs on the premises or as a result of Club or Chapter activities.
- Suits for personal injury and advertising injury, including libel, slander, defamation or character, false arrest, invasion of privacy, detention and malicious prosecution.
- Suits for liability resulting from the sale of food and beverages or other products.
- Suits for host liquor liability when serving or giving alcoholic beverages at functions incidental to your Chapter or Club provided that no permit or license is required prior to serving alcohol. You should check with individual states regarding liquor law regulations.
- Suits for real or alleged faults in work completed by or for your Club or Chapter, which results in bodily injury or property damage.
- Suits involving the use of automobiles not owned by the Club or Chapter but used for official Club or Chapter activities (not available in all cases).
- Suits arising from injury caused by the rendering of or failure to render health care services by non-professionals.
- Suits arising from fire damage (up to \$100,000) to premises not owned by a Club or Chapter but used for Club or Chapter sponsored activity.
- Defense against such suits even though the charges made are groundless, false or fraudulent.

## How To Apply:

1. Complete, date and sign application enclosed. Be sure to fill out all questions thoroughly.
2. Mail or fax your completed application to the Administrator.
3. Upon approval, the Administrator will send you your premium quotation. You are under no further obligation.

### ADMINISTRATOR



Mercer Consumer,  
a service of Mercer Health & Benefits Administration LLC  
P.O. BOX 14575  
Des Moines, IA 50306  
Phone: 800-503-9227  
Fax: 515-365-3005

*This material explains the general purpose of the insurance but in no way changes or affects the policy that is actually issued. Complete details can be found in the insurance policy.*

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7. Does the club sponsor any performance driving or racing activities?.....  Yes  No  
 (If yes, please explain) \_\_\_\_\_

8. How long has the group been established?.....

9. Is this a non-profit group? Does your group have 501c3, 501c6 or 501c19 status? What is your FEIN/Tax ID #? \_\_\_\_\_

10. Do you have regular club meetings? What is the frequency?.....

11. What does your group do to raise funds? What activities? \_\_\_\_\_

12. How old are your club members? What age range is eligible for membership? .....

13. What states do you have members in? \_\_\_\_\_

14. What type of events does your group sponsor? (Please list all on a separate sheet if necessary) .....

.....  
 .....

*(Please provide a copy of an active calendar from the previous year, if available.)*

Other than regular meetings, what activities are typically sponsored by your group?	Is the public invited? (yes/no)	Where are events held?	Average attendance over past 3 years?		

**FRAUD WARNINGS**

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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.

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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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 PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN 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 MATERIAL 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.

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 LOUISIANA APPLICANTS: 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.

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 AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 NEW YORK APPLICANTS: 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.

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: WARNING: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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 GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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The Club & Chapter Liability Insurance Plan has been organized as a purchasing group (The Associations and Professional General Liability Purchasing Group), a not-for-profit corporation located and domiciled in the state of Illinois pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group when your completed Application has been approved and your payment has been received.

In CA d/b/a Mercer Health & Benefits Insurance Services LLC

AR Ins. Lic. #303439  
CA Ins. Lic. #OG39709

**YOU MUST SIGN AND DATE THIS APPLICATION**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE BE SURE TO SIGN AND DATE THIS PAGE.**

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