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, such as 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 panned.

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!

$1,000,000 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. Officers 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 May be Covered by the Plan?

- 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 of character, false arrest, invasion of privacy, detention and malicious prosecution.
- Suits for liability resulting from the sale of food, 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 jurisdictions 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 of 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.

It's Easy to Apply:

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

Program Administrator:

Mercer Consumer,
a service of Mercer Health & Benefits Insurance Services LLC
P.O. BOX 14575
Des Moines, IA 50306-3575

Phone: 800-503-9227
Fax: 515-365-3005

Email: plsdsteam.service@mercer.com

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CLUB & CHAPTER LIABILITY INSURANCE PLAN APPLICATION

(Please print or type)

NAME OF CLUB OR CHAPTER: _____
CONTACT PERSON: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Primary Phone#: _____ **Secondary Phone#:** _____
Fax#: _____
E-Mail Address: _____
Website _____

1. Has your organization or any of its officers had any liability claims in the past five years?

☐YES ☐NO
(If yes, please attach an explanation)

2. Have there been any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? ☐YES ☐NO If "YES" please explain: _____
_____
_____

3. Please provide your Club's/Chapter's past 5-year liability insurance policy history. If coverage was not in place, check "NONE." ☐ NONE

Insurance Company	Expiration Date	Annual Premium

4. Number of members in your organization as defined by your by-laws/constitution _____

5. Does your organization own real property? (i.e. buildings, land) ☐ Yes ☐ No
*(If yes, please explain)*_____

6. Does your organization lease any premises? ☐ Yes ☐ No
*(If yes, please explain)*_____

7. Please describe the purpose, general operations and functions of your organization:
(Please provide copies of brochures, by-laws, mission statements, or constitution for your organization)

8. Does the club sponsor any performance driving or racing activities? ☐ Yes ☐No
*(If yes, please explain)*_____

9. How long has the group been established?_____

10. Is this a non-profit group? ☐Yes ☐ No
a. Does your group have 501c3, 501c4, 501c6 or 501c19 status? If YES, indicate which status _____
b. If NO, please provide the non-profit status: _____
c. What is your FEIN/Tax ID #?_____

PLEASE BE SURE TO COMPLETE ALL PAGES OF THE APPLICATION AND SIGN THE LAST PAGE.

CLUB & CHAPTER LIABILITY INSURANCE PLAN APPLICATION

10. How frequently are regular club meetings held? _____

11. What kinds of activities are done to raise funds? _____

_____

_____

12. Are any members of your club under the age of 18? ☐Yes ☐No
If yes, of the total membership, how many are under age 18? _____

13. In which states does the organization have chapters/clubs? _____

14. Are athletic teams or sporting events sponsored by your club? ☐ Yes ☐ No
If "Yes", please complete the table below. When individual clubs apply for Certificates, they will be required to submit the supplemental sports questionnaire that will be subject to underwriting review.

14a. Please list all athletic teams and sporting events sponsored by your clubs (include an additional sheet with your Club/Chapter name if necessary).

Type of Sport / Event	Contact Sport	Age Group		
	Y OR N	12 & Under	13 – 18	Over 18
	Y OR N	12 & Under	13 – 18	Over 18
	Y OR N	12 & Under	13 – 18	Over 18

14b. Does the national association have governance over the operation, rules and regulations of the individual clubs?

☐ Yes ☐ No

15. What type of events (other than sports) does your group sponsor? (Please list all on a separate sheet if necessary) __

_____

_____

_____

_____

(*Please provide a copy of an activity 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?		

16. Do you have any additional interest/certificate recipients? ☐ Yes ☐ No

If "YES" please complete the below.

Interest		Name & Address	Interest in Item #	
	Additional Insured		Loc:	Bldg.:
	Employee as Lessor		Item:	Item
	Lien Holder		Class:	
	Loss Payee		Item Description	
	Mortgage			
		(reference/Loan #)		

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 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 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 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, 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 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.

FRAUD WARNINGS (cont.)

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 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.

CLUB & CHAPTER LIABILITY INSURANCE PLAN APPLICATION

By my Signature hereon, I certify that:

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE AND THAT NO INSURED, OR ANY OTHER INDIVIDUAL WHO IS RESPONSIBLE FOR PROVIDING NOTICE UNDER THE POLICY, HAS GIVEN NOTICE OF ANY CLAIM OR PROVIDED SPECIFIC FACTS OR CIRCUMSTANCES WHICH MIGHT GIVE RISE TO A CLAIM BEING MADE AGAINST THE INSURED UNDER ANY POLICY FOR WHICH THIS POLICY IS A REPLACEMENT OR ANY PRIOR POLICY PROVIDING SIMILAR INSURANCE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. FURTHER, AS PART OF THE UNDERWRITING PROCESS, THE INSURER MAY MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION AS DEEMED NECESSARY.

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 insurance act which is a crime, and subjects such person to criminal and civil penalties.

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.

For Utah Applicants only, the following applies:

The Application and all relevant documents will be attached to the policy at the time of delivery.

TO APPLY: Complete this application and mail, fax or e-mail to:

Mercer Consumer
P.O. Box 14575
Des Moines, IA 50306-3575

Phone: 1-800-503-9227
Fax: 515-365-3005
Email: plsdsteam.service@mercer.com

Signature of applicant:_____ **Date:** _____

Printed Name:_____ **Title:** _____

Agent/Producer Name: **Mark Brostowitz** **License Number:** **369380**

Program Administrator:
Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
In CA d/b/a Mercer Health & Benefits Insurance Services LLC

CA Insurance License #0G39709 / AR Insurance License #100102691

Underwritten by:
New Hampshire Insurance Company
Granite State Insurance Company
Illinois National Insurance Company

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