



Teen Club Supplemental Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____	Agent _____
Applicant Mailing Address _____	Applicant's Phone Number _____
_____	Web Address _____
_____	Inspection Contact _____
Policy Period _____ to _____	Contact Phone Number _____

GENERAL INFORMATION

1. Number of years in business? _____ At this location? _____
If new, describe prior experience: _____
2. Is the Teen Club the only operation conducted from the premises? Yes No
3. If no, do you operate a restaurant, bar, or nightclub at times when the Teen Club is closed? Yes No
4. If yes, do you carry separate insurance for that entity? Yes No
5. Teen Club Gross Sales:

Total	\$_____	(Provide breakdown below)
Food	\$_____	Cover Charge \$_____
Beverage:	\$_____	Video/Amusement: \$_____
6. Operating hours: _____ Days per week: _____
7. Premises: Owned Leased
Total Square Footage occupied by applicant _____ Max Occupancy _____

STAFF INFORMATION

1. Number of Employees

Full Time	_____	Part Time	_____
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2. Minimum Age Requirement? Yes No Average Employee Age: _____
3. Background Checks? Yes No
If yes, check encompasses: Regional National
4. Do you maintain an employee manual including a "Code of Conduct"? Yes No
5. Do you employ outside security? Yes No
6. Do they carry their own insurance? Yes No
7. Are they armed or unarmed? Armed Unarmed
8. Do they have power of arrest? Yes No
9. Do you require they name you as an Additional Insured for work performed for you? Yes No

ACTIVITIES AND ENTERTAINMENT

Check all that apply:

<input type="checkbox"/>	Bands (3 or more individuals)	<input type="checkbox"/>	Bowling Lanes
<input type="checkbox"/>	Computers	<input type="checkbox"/>	Electronic Video Games
<input type="checkbox"/>	Karaoke	<input type="checkbox"/>	Juke Box
<input type="checkbox"/>	Standup Comedy	<input type="checkbox"/>	Disc Jockey
<input type="checkbox"/>	Pool Table	<input type="checkbox"/>	Shuffleboard
<input type="checkbox"/>	Sports Court	<input type="checkbox"/>	Talent Night
<input type="checkbox"/>	Inflatables	<input type="checkbox"/>	Mechanical Bull
<input type="checkbox"/>		<input type="checkbox"/>	Basketball
<input type="checkbox"/>		<input type="checkbox"/>	Volleyball
<input type="checkbox"/>		<input type="checkbox"/>	Other (Describe)

- If computers are provided do you have appropriate software filters installed? Yes No
- Do you maintain a user log including the name of the user and time of use?..... Yes No
- Do you monitor the history feature for websites visited by customers? Yes No
- Is there a dance floor?..... Yes No
If yes, provide dimensions and Physical description (ie., raised, lighted, wooden)

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- Do you permit pyrotechnics of any type? Yes No
If yes, provide full details including type (e.g., GERBS - A professional term for a fountain-style effect producing a spray of bright sparks.)

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- What is the minimum age requirement of the patrons? _____ Maximum age? _____
 - Are adult patrons ever access to mix with the teens? Yes No
Are teens allowed to exit the facility and then re-enter at a later time Yes No
If yes, provide complete detailed information of the procedures for monitoring this situation below:

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- Number of exits? _____ Street Level? _____
 - Are employees trained in evacuation procedures? Yes No
Do you sponsor "lock-down" events/parties? Yes No
If yes, provide complete detailed information below:

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- Do you sponsor or promote any special events (e.g., concerts, field trips, contests etc..?) Yes No
If yes, provide complete detailed information for each event below:

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

Colorado: 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 Agencies.

Florida: 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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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 civil fines and criminal penalties.

New York: 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.

Oklahoma 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.

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

Producer's Signature

Date

Applicant's Signature

Date