

**T.H.E. INSURANCE COMPANY**

10451 Gulf Boulevard  
Treasure Island, FL 33706

**CLUB SUPPLEMENTARY INFORMATION**

Primary function: \_\_\_\_\_ Non Profit  Yes  No

Additional activities:  Business Meetings  Sports Events  Fund Raisers  
 Benefit Dances  Wedding Dances  Anniversary Parties  
 Funerals Dinners  Bingo Games  Card Games  
 Other: \_\_\_\_\_

Are club facilities available for private use?  Yes  No If yes, to members only?  Yes  No

How often are facilities booked? \_\_\_\_\_

For what purpose are facilities/space made available for private use? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can entertainment be brought in by the booking party?  Yes  No

What kind of entertainment? \_\_\_\_\_

How often is entertainment brought in by the booking party? \_\_\_\_\_

Contest(s)  Yes  No If yes, please describe: \_\_\_\_\_

Tournament(s)  Yes  No If yes, please describe: \_\_\_\_\_

If Rod & Gun Club, is there on site practice shooting?  Yes  No If yes, where located? \_\_\_\_\_  
\_\_\_\_\_

Can liquor be taken off premises to boats, hunting locations, etc?  Yes  No If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

**HOTEL/MOTEL SUPPLEMENTARY INFORMATION**

Hotel room receipts: \$ \_\_\_\_\_ Number of rooms \_\_\_\_\_

What percentage of restaurant/bar clientele are overnight guests of the hotel? \_\_\_\_\_ %

What percentage of overnight guests are staying for business purposes? \_\_\_\_\_ %

What percentage of overnight guests are tourists? \_\_\_\_\_ %

**CATERING SUPPLEMENTARY INFORMATION**

Type of activities:  Business Meetings  Sports Events  Wedding Receptions  
 Anniversaries  Benefits  Funerals  
 Other: \_\_\_\_\_

On premises operations?  Yes  No Alcoholic Beverage Sales \$ \_\_\_\_\_  
Food Sales \$ \_\_\_\_\_

**ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS:**

Name and Address	Interest
_____	_____
_____	_____
_____	_____

**GENERAL INFORMATION:**

Any medical facilities provided or doctors employed/contracted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Any exposure to radioactive materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Any operations sold, acquired, or discontinued in last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Machinery or equipment loaned or discontinued in last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Any watercraft, docks, floats owned, hired, or leased?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Any parking facilities owned/rented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Is a fee charged for parking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Recreation facilities provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Is there a swimming pool on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Sporting or social events sponsored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Any structural alterations contemplated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Any demolition exposure contemplated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At the time of signing this supplement, are you or any officer, director, partner, or any individual who is directly responsible for management of your establishment aware of any circumstances which may reasonably be expected to give rise to a claim under this policy?  Yes  No If yes, give details \_\_\_\_\_

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and that any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date Signed