

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