# MCA
# Regional Club General Liability Insurance Application

## REGION INFORMATION

Club Name _____

Address _____

City/ST/Zip _____

Membership Count (Active Members) _____

**This policy provides: $1,000,000 of General Liability Insurance**

**Check Applicable Club Functions:**

☐ Picnics ☐ Socials ☐ Cruise-Ins ☐ Auctions or Raffles

☐ Car Shows ☐ Other (Describe)

_____

_____

_____

Do any club functions involve the sale of alcohol? ☐ Yes ☐ No

Do any club functions involve non-members? ☐ Yes ☐ No

Do any club functions have paid spectator attendance? ☐ Yes ☐ No

## CONTACT INFORMATION

Club Representative _____

Email _____

Daytime Phone _____

**Certificate Holders:**

Will a certificate of insurance be required for a third-party? ☐ Yes ☐ No

If "Yes", please list all additional insureds (with address) to be included on the certificates along with their business relationship to your club (ie: land or building owner, sponsor, etc.)

_____

_____

_____

_____

_____

_____

**Note:** Car Shows require a separate application and premium. This is not an Automobile Liability Insurance policy. No coverage is provided for claims arising from the operation of automobiles or motorized vehicles. _____ (Initial)

AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC. for the insuring Company, shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL EVALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

**I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

_____

**Signature of Regional Club Representative** **Date**

## PREMIUM CALCULATION

Regional Club Members _____ x $3.50 each = _____

(Annual Minimum Premium $300)

Make check payable and mail with signed application to:

**Heacock Classic**
P.O. Box 609
Burns, TN 37029

For additional information contact:
**Bonnie Madden**
bmadden@heacockclassic.com
Phone (800) 274-1804
Fax (615) 740-9087

Agent for MCA: Heacock Insurance Group, Inc.—CA License No.OB71868
Managing Agent: American Specialty Insurance & Risk Services, Inc.
Insurance Carrier: Philadelphia Insurance Company (Rated A+)