

2009 TCI Insurance Application

Total Amount Enclosed
\$_____

Insurance Coverage

Comprehensive General Liability Simplified Occurrence Form

- Premium due December 1st of each year for the following year.
- Directors and Officers Insurance at no additional cost to member clubs, with paid current dues and payment of your General Liability Insurance.
- Limit: \$2,000,000 per occurrence; \$2,000,000 aggregate
- Named Insured includes all participating Clubs upon receipt and approval of application and payment.

Broad Form General Liability Endorsement

- Leasehold Contractual Liability
- Personal Injury & Advertising Liability
- Fire Legal Liability
- Broad Form Property Damage Liability
- Non-owned Watercraft (Under 26' in length)
- Limited Worldwide Liability Coverage
- Additional Insured - Employees (if any)
- Extended Bodily Injury
- Automatic Coverage - Newly Acquired Organizations
- Host Liquor Law Liability
- Premises Medical Payments - \$5,000. per person
- Crime/Employee Dishonesty Covering all check signing officers/ employees
- \$25,000 each occurrence/\$250.00 deductible

Golf Tournaments, Dinners, Picnics, Casino Nights, and similar activities are covered.

No coverage for fireworks, carnival rides, or some athletic activities.

No Stop-Gap liability, Employee Benefits Liability or Professional Services Errors and Omissions Coverage.

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TCI Member Club Insurance Application

Club Name: _____

Street Address: _____

City, State, Zip: _____

Phone (incl. area code): _____

Fax (incl. area code): _____

Web Address: _____

President's Name: _____

Treasurer's Name: _____

We certify and agree to the following:

All payments except petty cash will be made by check:

Yes ___ No ___

Countersignature by both club president and treasurer on all checks:

Yes ___ No ___

Monthly reconciliation of the bank statement by the president or treasurer:

Yes ___ No ___

Treasurer of Secretary/Treasurer's Signature: _____

President's Signature: _____

Note: Applications submitted without the signatures requested above will not be processed.

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Total Amount Enclosed

The total amount enclosed with this form is: \$_____

Return Completed Form & Payment Check to...

Please forward completed form(s) and check to:

TCI Headquarters
P.O. Box 2223
Ocean Shores, WA 98569