

The HAM Radio Club Liability Insurance Plan

Protects what your club has worked hard to accomplish!

One Plan – Complete Protection

This Plan provides extensive coverage for lawsuits resulting from bodily harm and property damage for all of your Club-related events. This includes: meetings, dances, parties, auctions, concession stands, raffles, banquets, and similar activities. Coverage will also apply for official Club participation . . . for example, participation in community-sponsored events. If your Club typically rents space when it needs to gather for a meeting or special event, you've probably discovered that the owner of the property requires your Club to purchase a "special events" insurance policy—a policy that is typically expensive and limited in protection. With the Club Liability Insurance Plan you won't have to deal with this disappointing aspect of planning. This Plan provides you with the insurance coverage you need to hold your event—without having to reapply for additional policies every time you are in the midst of organizing.

Covering the Club, Members and Officers

The Club is insured when named in a covered lawsuit for acts committed by members working for the Club and under its direction. Officers and members are insured when named in a covered lawsuit as a result of Club activities when they are acting on behalf of the Club. AND, an owner of a premises used or rented by the Club can also be named as an additional insured.

\$1,000,000 of Liability Protection at Affordable Rates

The Club Liability Insurance Plan provides coverage up to \$1,000,000 per occurrence and up to \$2,000,000 in aggregate coverage each year. Since each Club participates in different activities, premiums are customized on an individual basis. Just send in the enclosed application to receive your no-obligation premium quotation.

No Deductible!

With this Plan, your Club will not need to satisfy any deductibles prior to receiving benefits.

What Types of Lawsuits May be Covered by the Plan?

- Suits for bodily injury, which occurs on the premises or as a result of Club activities.
- Suits for damage to property of others resulting from Club activities.
- Suits for personal injury and advertising injury, including libel, slander, defamation of character, false arrest, invasion of privacy, detention and malicious prosecution.
- Suits for liability resulting from the sale of foods and beverages or other products.
- Suits for host liquor liability when serving or giving alcoholic beverages at functions incidental to your Club provided that no permit or license is required prior to serving alcohol. Clubs should check with individual states regarding liquor law regulations.
- Suits for real and alleged faulty work completed by or for your Club, which results in bodily injury or property damage.
- Suits involving the use of automobiles not owned by the Club but used for official Club activities (not available in all states).
- Suits arising from injury caused by the rendering of or failure to render health care services by nonprofessionals.
- Suits arising from fire damage (up to \$100,000) to premises not owned by a Club but used for Club-sponsored activities.
- Defense against such suits even though the charges made are groundless, false or fraudulent.

It's Easy to Apply:

1. Complete, date and sign application enclosed. Be sure to fill out all questions thoroughly.
2. Email or mail your completed application to the Program Administrator.
3. Upon approval, the Program Administrator will send you a premium quotation. You are under no further obligation.

Program Administrator:

Association Member Benefits Advisors, LLC.
P.O. BOX 14542
Des Moines, IA 50306

Phone: 800-503-9227

Email: plsdsteam.service@amba.info

Disclaimer

This product description is for informational purposes only and does not provide a complete description of coverage terms, conditions, exclusions and limits. This coverage is underwritten by New Hampshire Insurance Company, a member company of American International Group.

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THE HAM RADIO CLUB/CHAPTER LIABILITY INSURANCE PLAN APPLICATION

(Please be sure to print or type and sign the last page.)

NAME OF CLUB TO BE INSURED: _____
 PERSON TO CONTACT: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Work Phone: _____ Fax#: _____
 Home Phone: _____
 Email: _____
 Website: _____

1. Have your officers or club had any liability claims in the past five years?
 Yes No (If yes, please attach an explanation)
2. Please provide your Club's/Chapter's past 5-year liability insurance policy history. If coverage was not in place, please check "NONE." NONE

Insurance Company	Expiration Date	Annual Premium

3. Number of members in your club according to club by-laws/constitution _____
4. Does your club own real property? (i.e. buildings, land) _____ Yes No
5. Does your club lease any premises? Yes No (If yes, please explain) _____

6. Please describe the purpose, general operations and functions of your club:
 (a membership brochure, website, by-laws/constitution, and tax ID should be attached if available)

7. Please provide a copy of an activity calendar from the previous year, if available.

Other than regular meetings, what activities are typically sponsored by your club?	Is the public invited? (yes/no)	Where are events held?	Average attendance over past 3 years?		

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FRAUD WARNINGS

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

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FRAUD WARNINGS (cont.)

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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By my Signature hereon, I certify that:

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE AND THAT NO INSURED, OR ANY OTHER INDIVIDUAL WHO IS RESPONSIBLE FOR PROVIDING NOTICE UNDER THE POLICY, HAS GIVEN NOTICE OF ANY CLAIM OR PROVIDED SPECIFIC FACTS OR CIRCUMSTANCES WHICH MIGHT GIVE RISE TO A CLAIM BEING MADE AGAINST THE INSURED UNDER ANY POLICY FOR WHICH THIS POLICY IS A REPLACEMENT OR ANY PRIOR POLICY PROVIDING SIMILAR INSURANCE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. FURTHER, AS PART OF THE UNDERWRITING PROCESS, THE INSURER MAY MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION AS DEEMED NECESSARY.

Notice to Applicants: 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 subjects such person to criminal and civil penalties.

The Club & Chapter Liability Insurance Plan has been organized as a purchasing group (The Associations and Professional General Liability Purchasing Group), a not-for-profit corporation located and domiciled in the state of Illinois pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group when your completed Application has been approved and your payment has been received.

For Utah Applicants only, the following applies:

The Application and all relevant documents will be attached to the policy at the time of delivery.

TO APPLY: Complete this application and mail or e-mail to:

AMBA
P.O. Box 14542
Des Moines, IA 50306

Phone: 1-800-503-9227

Email: plsdsteam.service@amba.info

Signature of applicant: _____ Date: _____

Printed Name: _____ Title: _____

Agent/Producer Name: Brad Feller License Number: 4791507

Program Administrator:

Association Member Benefits Advisors, LLC.

In CA d/b/a Association Member Benefits & Insurance Agency
CA Insurance License #0196562 | AR Insurance License #100114462

Underwritten by:

New Hampshire Insurance Company
Granite State Insurance Company
Illinois National Insurance Company

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PLEASE BE SURE TO SIGN AND DATE THIS PAGE.