**TOPS CLUB, INC. FORM L-031: MEETING INSURANCE APPLICATION**

**TOPS Club, Inc.: 398150**  
**Required Coverage:** General Liability  
**Limits:** $1,000,000 per occurrence/$2,000,000 Agg.

**Date**  |  **Coordinator**  |  **FSID**
---|---|---

**CERTIFICATE HOLDER INFORMATION**

- [ ] Special Event Insurance
- **Annual Chapter Insurance** *(select one)*
  - [ ] New certificate (First time issued for this location)
  - [ ] Renew current certificate for next term

**MAIL**

Certificate holder (name of meeting place or special event location)

**COPY**

**TO:**

Chapter name: TOPS (state/prov.) (number) (city)

Street address of meeting place or special event (no P.O. boxes)

City, state, or province, & ZIP/Postal code

- [ ] Fax to certificate holder @
- [ ] Email* to certificate holder @

*(Please print legibly and exact, as some emails are case sensitive.)*

*Headquarters and Field Staff email periodic TOPS updates and reminders. TOPS does not share your email—or other personal information—with anyone. Entering someone else's email as yours may cause your records and theirs to be confused in the database.*

- [ ] For special events, list event type and date(s)

**Please note:** Certificate will go directly to the meeting place. Chapter will not receive a copy.

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If additional insured is required by your meeting place/event site, there is an additional fee of $100.00. Only a limited number of such policies are available in the U.S. Headquarters must approve any such policies. If a Canadian chapter requires additional insured, Headquarters must purchase a separate policy and the chapter will pay full insurance cost.