

# QUICK APPLICATION

Complete this application and return it via fax or email.



Administered by Lockton Affinity, LLC  
P.O. Box 410679 Kansas City, MO 64141  
800-829-8390 / Fax: 913-652-7599 Email:  
VFWinsurance@LocktonAffinity.com

|                            |                             |                      |               |     |
|----------------------------|-----------------------------|----------------------|---------------|-----|
| Post Name                  |                             | Contact Person/Title |               |     |
| Post Phone                 | Home Phone                  | Fax Number           | Email Address |     |
| Mailing Address            | City                        | County               | State         | Zip |
| Location Address           | City                        | County               | State         | Zip |
| Today's Date: _____        | Policy Renewal Date: _____  | Need by: _____       |               |     |
| Federal ID # (FEIN): _____ | Approximate Premium: _____  |                      |               |     |
| Current membership _____   | Auxiliary membership: _____ |                      |               |     |

Building currently insured for: \$ \_\_\_\_\_  RC  ACV Contents currently insured for: \$ \_\_\_\_\_  
Current General Liability limits: \$ \_\_\_\_\_ Current Liquor limits: \$ \_\_\_\_\_  
Do you own building?  Yes  No Year building built: \_\_\_\_\_ Construction Type: \_\_\_\_\_  
Central Air?  Yes  No Central Alarm?  Yes  No Stand-alone building?  Yes  No Any other tenants?  Yes  No  
Square footage: 1<sup>st</sup> floor \_\_\_\_\_ Basement \_\_\_\_\_ 2nd floor \_\_\_\_\_  
Miles from fire dept.: \_\_\_\_\_ Miles from fire hydrant: \_\_\_\_\_ Miles from coast \_\_\_\_\_ (costal states only)  
If building over 40 years old, fill in year updated: \_\_\_\_\_  
Electrical: \_\_\_\_\_ Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Cooling: \_\_\_\_\_

Do you have restaurant/kitchen facilities?  Yes  No Annual food sales \$ \_\_\_\_\_  
If yes, please check all of the cooking operations that are conducted on your premises:  
 Oven Baking or Microwave Cooking Only  Grilling  Deep Fat Frying  Barbecuing  
If your operations include Grilling, Deep Fat Frying or Barbecuing, do you have an extinguishing system over all cooking surfaces?  
 Yes  No Automatic Fuel Cut Off?  Yes  No  
Do you have a maintenance contract for cleaning and service of the extinguishing system?  Yes  No  
Do you have a bar/canteen?  Yes  No Annual bar sales \$ \_\_\_\_\_  
Do you have a beer or liquor license?  Yes  No Has it ever been revoked?  Yes  No  
Is the bar open past 2:00 am?  Yes  No Do patrons show proof of age?  Yes  No  
The bar is  Open to club members and guests only  Open to club members, guests and general public  
Is the hall rented to parties, dances, etc?  Yes  No Is the bar open at such events?  Yes  No

Does your post engage in any bingo, turkey shoots, fireworks displays, carnivals; sponsor or host any parades; or have any lakes, ball fields or swimming pools?  Yes  No  
If yes, please describe: \_\_\_\_\_  
Does the post carry Workers' Compensation coverage?  Yes  No  
If yes, number of employees: \_\_\_\_\_ Annual payroll: \$ \_\_\_\_\_  
Do you want Workers' Compensation to extend to Volunteers?  Yes  No  
If yes, what are the annual volunteer hours worked? \_\_\_\_\_  
Does the post own any autos?  Yes  No If Yes, describe: \_\_\_\_\_  
Have you had any losses in the last four years?  Yes  No If yes, describe: \_\_\_\_\_  
Please sign and date: \_\_\_\_\_ Date: \_\_\_\_\_