



A. APPLICANT INFORMATION

1. Desired policy inception date _____ Legal name _____
2. Mailing Address _____
3. Physical Address (if different) _____
4. Contact person _____
5. Phone _____ Cell Phone _____ Email _____
6. How many total members do you have, including auxiliary? _____
7. Please list the **legal names** of associated member organizations such as Auxiliaries, Riders, etc. below. These organizations will be listed as additional named insureds.

B. COMMERCIAL PROPERTY

1. Building Valuation: Replacement Cost Actual Cash Value
2. Year built: _____ Is your building owned or leased: Owned Leased
3. Current Building Limit: _____ Business Personal property value: _____
4. Distance to Fire Department: _____ Distance to Fire Hydrant: _____
5. Square Feet of the building:

1 st floor Sq. Ft.	2 nd floor Sq. Ft.	3 rd floor Sq. Ft.	Basement Sq. Ft.	Total Sq. Ft.

6. Is your basement finished: Yes No Is your building located within the town or city limits? Yes No
7. Construction type (frame, joisted masonry, masonry noncombustible, etc.): _____
8. Roof Type (tile, composite shingle, wood shingle, metal, flat rubber, etc.): _____
9. Electrical Type (knob and tube, aluminum, circuit breaker, fuse box, etc.): _____
10. Does your property have any of the following?
 - Sprinkler System Central station burglar alarm Central station fire alarm local alarm
 - Safe Surveillance cameras

11. Please list the approximate year of the most recent updates:

Electrical	Roof	Roof Replaced	Plumbing	Heating	Air Conditioning

12. Do you have any tenants? If so, please list their information including legal name, business type and occupied square footage below:



C. FINANCIAL SECTION

1. Are bank deposits reconciled at least quarterly? Yes No
2. Do you have an annual audit by a third party or the board? Yes No
3. Do you require two signatures on checks? Yes No

D. COOKING SECTION

1. What are your annual cooking receipts: _____
2. Are indoor grills and fryers used? Yes No If yes, how often are they used? _____
3. What other cooking equipment do you use? _____
4. Do you have an automatic extinguishing system with an automatic fuel cut off? Yes No
5. Is the extinguishing system maintained by a service contract? Yes No
6. Do you have at least one sperate, portable, UL-approved fire extinguisher that is compatible with the agent in the automatic system? Yes No

E. LIQUOR LIABILITY SECTION

1. Do you sell or serve any alcoholic beverages? Yes No If yes, what are your annual liquor receipts: _____
2. Quote Liquor Liability in the following amount:
 \$100,000 Occurrence \$300,000 Occurrence \$500,000 Occurrence \$500,000 Occurrence \$1M Occurrence
 \$100,000 Aggregate \$300,000 Aggregate \$500,000 Aggregate \$1M Aggregate \$1M Aggregate
3. Do you have a valid liquor license? Yes No
4. Has your liquor license been revoked or suspended in the last 5 years? Yes No
 If yes, please explain: _____
5. Liquor is sold to: Members & guests General Public
6. Do you have formal training for anyone who serves alcohol? Yes No
 If yes, please explain: _____
7. Do you allow BYOB (other than hall rentals)? Yes No If yes, does a bartender control consumption? Yes No
8. Do you have hall rentals? Yes No If yes, how many annually? _____
9. Is alcohol allowed at hall rentals? Yes No
 If yes, is it sold or served by club bar tenders? Yes No
 If no, who serves the alcohol? _____
10. Are hall rental agreements used, and does the agreement include a waiver of liability/hold harmless language? Yes No

F. COMMERCIAL GENERAL LIABILITY SECTION

1. Limit Selection:
 \$300,000 Each Claim \$500,000 Each Claim \$1M Each Claim
 \$600,000 Aggregate \$1M Aggregate \$2M Aggregate
2. Annual gambling receipts: _____
3. Receipts other than food, liquor or gambling. How are these generated? _____



4. Hours of operation: _____ Are you open past 2:00 am? If yes, how often? _____
5. Do you have a gambling license? Yes No
 If yes, your gambling activities are: Open to the public Closed to members and guests
6. Are all exits clearly marked? Yes No
7. Please indicate all the following activities you sponsor, own, or operate:
 Fireworks displays Sale of fireworks Fairs, carnivals, concerts Parades
 Shooting events Sporting Events Sporting facilities Vacant land
8. Please describe in detail the activities you indicated that you sponsor or operate: (additional questions may be asked based on the activities and description.)
9. Do you have any playground equipment, lakes, or ponds? Yes No
10. Does your club own any vehicles? Yes No, quote hired and non-owned auto liability
11. Quote additional umbrella liability: Yes No If yes, select an umbrella liability limit: \$1,000,000 \$2,000,000

G. WORKERS' COMPENSATION AND EMPLOYER'S SECTION

1. Would you like a workers' compensation quote? Yes No Desired policy inception date? _____
2. What are your desired employer's liability limits?
 \$100,000/\$500,000/\$100,000 \$500,000/\$500,000/\$500,000 \$1,000,000/\$1,000,000/\$1,000,000
3. How many full-time employees do you have? _____ How many part-time employees do you have? _____
4. Total Payroll: _____ What is your federal tax identification number (FEIN)? _____

H. PAST INSURANCE LOSSES ALL LINES SECTION

1. I have had no insurance losses for the current and past 3 years.
 I have had insurance losses. See listed losses below or attached company loss runs.

Loss information. Please provide details and amounts paid out or reserved:

2. Any policy or coverage declined, cancelled, or nonrenewed during the prior three (3) Yes No
 years for any premises or operations? (Missouri applicants do not answer this question.)

Dated

Signature

Title

Print Name