



Lockton Affinity's Post Insurance Program Program Information

(800) 829-8390

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P.O. Box 410679

Kansas City, MO 64141-0679

Administered by Lockton Affinity, LLC

PROGRAM HIGHLIGHTS

What Makes Our Program Different?

- Developed by Lockton Affinity with the guidance of VFW National Headquarters specifically to meet the unique needs of VFW Posts
- Outstanding service provided by a dedicated team of sales, customer service and claims specialists
- Lockton Affinity is an industry leader in technical knowledge and understanding of VFW Posts

Program Participation

- Thousands of VFW Posts participating in the program

A Staff of Specialists Dedicated To Service

- Extensive knowledge of insurance coverage for VFW Posts
- Trained on Post operations, activities and programs

Fast, Local Claims Service

- Claims department on-call 24 hours a day, 7 days a week
- Claims handled by a local claims adjuster

Know Who Your Insurance is With

- This program is administered by Lockton Affinity, LLC.
- Lockton Affinity is part of Lockton Companies, the world's largest privately held, independent insurance broker, and one of the most respected firms in the industry. In fact, JD Power & Associates has named Lockton Companies the highest-performing, large-sized insurance broker two years in a row.
- Lockton Affinity has been providing best-in-class insurance for VFW Posts for more than 30 years, and our reputation in the industry is unparalleled.
- "We Live Service" is not only our motto, it's what separates us from the rest.

BROAD COVERAGE ADVANTAGES

Property Coverage

Property insurance provides coverage for direct physical loss or damage to the Post home or its contents.

Coverage includes:

- Post-owned Property
- Business Income & Extra Expense
- Sewer Backup
- Money and Securities
- Equipment Breakdown
- Accounts Receivable and Valuable Papers
- Organization Paraphernalia (including Flags, Banners and Uniforms)
- Post Building Contents
- Personal Property Off Premises
- Outdoor Signs
- Employee Dishonesty
- Business Personal Property of Others
- Property in Transit
- Property Off-premises

General (Commercial) Liability

This coverage provides various limits of liability to protect the exposures of the Post, and its officers and members. Coverage includes:

- Bodily Injury & Property Damage
- Products/Completed Operations
- Medical Expense Coverage
- Host Liquor Liability
- Personal & Advertising Injury
- Tenants Fire Legal Liability
- Members are Additional Insureds
- Defense costs are in addition to the limit of liability
- Any person or organization named on a certificate of insurance issued by the Company is automatically included as an Additional Insured

Liquor Liability (Dram Shop)

Liquor liability insurance provides coverage to protect the Post should you become legally obligated to pay damages as a result of the selling, serving or furnishing of any alcoholic beverage. Various limits of coverage are available.

Policyholders receive a copy of our Liquor Liability Loss Prevention Program. This program is designed to help educate your Post Officers and bar employees on the vast exposures that stem from the sale of alcoholic beverages.

Special Events Coverage for Many Post Activities

The program provides coverage for functions sponsored by the Post such as, but not limited to:

- Parade Participation
- Bingo
- Picnics
- Receptions
- Fund Raisers
- Hall Rentals

Workers' Compensation

Provides coverage for employees* for on-the-job injuries. This coverage applies regardless of fault and is written to follow individual state laws. Coverage is provided for medical expenses and lost wages.

There are five states that are known as monopolistic states—North Dakota, West Virginia, Ohio, Washington and Wyoming. If you reside in these states, you must purchase your workers' compensation through the state.

*except in the states of Connecticut, New Jersey, Texas and Wisconsin

Online Training Courses

Visit www.vfwinsurance.com on the Post Insurance Program page to access these courses:

- **Responsible Serving of Alcohol**—Posts who are customers of the Post Insurance Program are provided one training course free of charge. This course helps your Post get certified by your state in proper and responsible alcohol serving.
- **Post Liability & Loss Control**—With this web-based training course you will learn about the risks in and around your Post that create a liability, and best practices to help reduce the risks that cause accidents.



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Program is administered by Lockton Affinity, LLC
d/b/a Lockton Affinity Insurance Brokers, LLC in California #0795478.

Coverage may not be available in all states and is subject to actual policy terms and conditions. Coverage may be provided by an excess/surplus lines insurer which is not licensed by or subject to the supervision of the insurance department of your state of residence. Policy coverage forms and rates may not be subject to regulation by the insurance department of your state of residence. Excess/surplus lines insurers do not generally participate in state guaranty funds and therefore insureds are not protected by such funds in the event of the insurer's insolvency.



A. APPLICANT INFORMATION

- Desired policy inception date _____ Legal name _____
- Mailing Address _____
- Physical Address (if different) _____
- Contact person _____
- Phone _____ Cell Phone _____ Email _____
- How many total members do you have, including auxiliary? _____
- 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

- Building Valuation: Replacement Cost Actual Cash Value
- Year built: _____ Is your building owned or leased: Owned Leased
- Current Building Limit: _____ Business Personal property value: _____
- Distance to Fire Department: _____ Distance to Fire Hydrant: _____
- 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.

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

Electrical	Roof	Roof Replaced	Plumbing	Heating	Air Conditioning

- 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