



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 Value: _____ 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. Has your liquor license been revoked or suspended in the last 5 years? Yes No
 If yes, please explain: _____
4. When is the latest you stop serving alcoholic beverages (including weekends)? Prior to midnight Between 12-2am After 2am
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. What kind of active liquor license do you hold? Full license Beer/Wine only No active license
9. Do you offer any drink specials/happy hours? Yes No
10. Do you offer any complementary drinks? Yes No
11. Do you offer any drink specials/happy hours after 11pm? Yes No
12. Do you offer any beer pong or other drinking games? Yes No
13. Do you offer any of the following entertainment: DJ Karaoke Comedy Club Band Other _____
14. Do your operations include any raised or elevated dancing areas? Yes No
15. Do you have any of the following amusement devices on your premises? Yes No
 - Electronic/Video Game Darts
 - Foosball, Table Hockey, etc. Pool Table
 - Mechanical Bull Gaming/Gambling
 - Axe Throwing/Shooting Range



16. Have you had any liquor violations? Yes, in the past 10 years Yes, in the past 5 years No
17. Are employees or managers permitted to consume alcohol during their hours of employment?
 Yes, while on duty No, but directly after shift is over No, not allowed to consume after shift ends
18. Please provide a description of training requirements for bartenders:

19. Do you retain records of receipts after discontinuing service to customers? Yes No
20. Do you provide transportation for intoxicated individual? Yes No
21. Do you check ID for patrons who appear under 40? Yes, at the door Yes, at the time of service No
22. Do you employ bouncers or doorpersons? Yes No
If yes, how many bouncers are employed or contracted? _____
Are bouncers armed? Yes No
Are the bouncers or door people contracted through a 3rd party with formal signed CRT in place? Yes No
23. Do you have an established procedure for handling violent or disruptive patrons?

F. COMMERCIAL GENERAL LIABILITY SECTION

1. Limit Selection:
- | | | |
|---|---|--|
| <input type="checkbox"/> \$300,000 Each Claim | <input type="checkbox"/> \$500,000 Each Claim | <input type="checkbox"/> \$1M Each Claim |
| <input type="checkbox"/> \$600,000 Aggregate | <input type="checkbox"/> \$1M Aggregate | <input type="checkbox"/> \$2M Aggregate |
2. Annual gambling receipts: _____
3. Receipts other than food, liquor or gambling. How are these generated? _____
4. Do you have hall rentals? Yes No If yes, how many annually? _____
5. Is alcohol allowed at hall rentals? Yes No
If yes, is it sold or served by club bartenders? Yes No
If no, who serves the alcohol? _____
6. Are hall rental agreements used, and does the agreement include a waiver of liability/hold harmless language? Yes No
7. Do you have a gambling license? Yes No
If yes, your gambling activities are: Open to the public Closed to members and guests
8. Are all exits clearly marked? Yes No
9. Please indicate all the following activities you sponsor, own, or operate:
- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Fireworks displays | <input type="checkbox"/> Sale of fireworks | <input type="checkbox"/> Fairs, carnivals, concerts | <input type="checkbox"/> Parades |
| <input type="checkbox"/> Shooting events | <input type="checkbox"/> Sporting Events | <input type="checkbox"/> Sporting facilities | <input type="checkbox"/> Vacant land |
10. 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