



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. What fraternal organization are you affiliated with? _____
7. How Many total members do you have, including auxiliary? _____
8. 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?
17. Are employees or managers permitted to consume alcohol during their hours of employment?
18. Please provide a description of training requirements for bartenders:

- 19. Do you retain records of receipts after discontinuing service to customers?
20. Do you provide transportation for intoxicated individual?
21. Do you check ID for patrons who appear under 40?
22. Do you employ bouncers or doorpersons?
23. Do you have an established procedure for handling violent or disruptive patrons?

F. COMMERCIAL GENERAL LIABILITY SECTION

- 1. Limit Selection:
2. Annual gambling receipts:
3. Receipts other than food, liquor or gambling. How are these generated?
4. Do you have hall rentals?
5. Is alcohol allowed at hall rentals?
6. Are hall rental agreements used, and does the agreement include a waiver of liability/hold harmless language?
7. Do you have a gambling license?
8. Are all exits clearly marked?
9. Please indicate all the following activities you sponsor, own, or operate:
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?
10. Does your club own any vehicles?
11. Quote additional umbrella liability: If yes, select an umbrella liability limit:

G. WORKERS' COMPENSATION AND EMPLOYER'S SECTION

- 1. Would you like a workers' compensation quote?
2. What are your desired employer's liability limits?
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) years for any premises or operations? (Missouri applicants do not answer this question.)

Dated

Signature

Title

Print Name