



CARRIER:

Empty box for carrier information

Nonprofit Fraternal Club Application

- General liability
- Property
- Liquor
- Directors and officers

I. GENERAL INFORMATION SECTION

Organization's name (include DBA name): _____

Location address: _____ Same as mailing address

City: _____ State: _____ Zip code: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ Phone: _____ E-mail address: _____

Audit contact name: _____ Phone: _____ E-mail address: _____

Purpose and mission of the organization:

Empty box for purpose and mission

1. Does the organization have tax exempt status as defined by the I.R.S.? Yes No
 If "No," are they operating as a nonprofit? Yes No

2. Operations of the organization (check all that apply):

- Banquet hall Bar/Tavern Dinner club Fundraising Hall rental Insurance programs Parades
- Pool hall Private club Restaurant Unions
- Bowling alley (If open to the public, confirm annual sales: _____)
- Bingo (If open to the public, confirm annual attendance: _____)
- Casino/Gaming (If checked, number of machines: _____)
- Other – describe: _____

3. Building interest: Owner Tenant

4. How many years at the current location? _____

5. Are there any past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? Yes No

6. Has any officer or board member of this organization ever been convicted of a felony? Yes No

7. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? Yes No

8. Does any building built prior to 1978 have aluminum or knob-and-tube wiring? Yes No

9. Total sq. ft. of building: _____ Area occupied by the organization sq. ft.: _____

Apartment area-sq. ft.: _____ Number of apartment units: _____

Area leased to others-sq. ft.: _____ Type of occupancy: _____

10. What is the latest hour the the organization will ever stay open? _____ a.m. p.m.

11. Does the organization utilize bouncers, security or doorpersons? Yes No

12. Number of members: _____

13. Total annual receipts: Food \$ _____ Alcohol \$ _____
 Rental income \$ _____ Membership dues \$ _____
 Other \$ _____ Describe: _____

14. Add mortgagees/additional insured/loss payees

List name, address and interest of each:

Indicate applicable section:

a. Name: _____ Property GL Liquor
 Address: _____
 Interest: _____

b. Name: _____ Property GL Liquor
 Address: _____
 Interest: _____

Please provide any other additional insureds on a separate sheet.

II. GENERAL LIABILITY SECTION

15. Limits desired:

General Aggregate	\$	Personal and Advertising Injury	\$
Products and Completed Operations Aggregate	\$	Fire Damage (any one fire)	\$
Each Occurrence	\$	Medical Expense (any one person)	\$

16. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? Yes No
17. Are there any organized or sponsored events that include mechanical rides, pyrotechnics, fireworks, firearms, hunting, water hazards, overnight camping, haunted attractions, hayrides, circuses or air shows? Yes No
18. Are there any "teen," "under 21" or similar events? Yes No
19. Are there at least two means of egress (exits) for every floor with public access? Yes No
20. If there is another occupancy in the building, do all grills, deep fat fryers and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96? N/A Yes No
21. Within the past three years has general liability coverage been cancelled or non-renewed? Yes No
 If "Yes," explain: _____
22. Is dancing permitted? Yes No
23. Is there table seating? Yes No
24. Is there table service? Yes No

Entertainment

25. Are there any of the following types of entertainment? Yes No
 If "Yes," check all of the following types that apply:
- Adult entertainment/Exotic dancing Number of times per week _____ or per year _____
- Band (three or more members, excluding jazz bands) Number of times per week _____ or per year _____
- Banquet entertainment by the organization or lessee Number of times per week _____ or per year _____
- Dance club/hall Number of times per week _____ or per year _____
- DJ with dancing Number of times per week _____ or per year _____
26. Does the organization keep guns with live ammunition on the premises? Yes No
27. Have there been any general liability and/or assault and battery losses in the last three years? Yes No
 If "Yes," provide the following information on each claim:

Assault/ Battery?	Date of Loss	Description and measures in place to prevent future incidents	Paid	Reserved	Status
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on separate sheet

28. Add hired and non-owned auto liability (limit will equal general liability occurrence limit) Yes No
 If "Yes":
- a. Is there a Commercial Auto Insurance policy in force? Yes No
- b. Are vehicles used to shuttle people or deliver goods or products on a regular basis? Yes No
- c. Are employees or volunteers required to use their personal automobile to conduct the organization business on a regular basis? Yes No
- d. Are there any owned or leased (long-term) vehicles? Yes No

III. PROPERTY SECTION

29. Limits Desired and Rating Information

Building Construction <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	Protection Class <input type="checkbox"/> 1-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Cause of Loss <input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Special/Excluding theft
Building Limit:	\$	Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Personal Property Limit:	\$	Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Income Limit:	\$	Coinsurance: _____ or Monthly Limit of Indemnity <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense	

<input type="checkbox"/> Add Value Plus Endorsement (requires a Central Station Burglar Alarm)
<input type="checkbox"/> Add Equipment Breakdown (coverage requires a maintenance contract for all refrigeration units)
<input type="checkbox"/> Add Outdoor Signs \$ _____
<input type="checkbox"/> Add Employee Dishonesty \$ _____ # of Employees: _____
<input type="checkbox"/> Add Money and Securities \$ _____ Inside \$ _____ Outside (\$500 standard deductible): _____

30. Employee Dishonesty Requirements (if applicable):

- a. Is an annual audit performed by a CPA or a Public Accountant? Yes No
- b. Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No
- c. Is a countersignature of checks required? Yes No

31. Are there any grills, deep fat frying equipment or woks on the premises? Yes No

If "Yes":

- a. Is there a deep fat fryer on premises? Yes No
- b. Do all grills, deep fat frying equipment and woks have a functioning and operational automatic fire extinguishing system that is compliant with National Fire Protection Association standard 96? Yes No
- c. Does the automatic fire extinguishing system have an in-force cleaning contract? Yes No
- d. Type of extinguishing system: Wet Dry

32. Is the plumbing completely PVC or copper (no iron or lead)? Yes No

33. Type of roof? _____

34. Roof updated, yr. _____ Electrical updated, yr. _____ Plumbing updated, yr. _____ Heating updated, yr. _____

35. Age of building: _____

36. Are there vacancies in the building? Yes No

If "Yes," what percentage? _____ %

37. Burglar alarm: Local Central station

38. Fire protection: Central station Local fire alarm Annually serviced fire extinguisher(s)

39. Is the building fully protected by an operational sprinkler system covering 100 percent of the premises? Yes No

40. Within the past three years, has property coverage been cancelled or non-renewed? Yes No

If "Yes," explain: _____

41. Have there been any property losses in the last three years? Yes No

If "Yes", provide the following information on each claim

Date of Loss	Description and measures in place to prevent future incidents	Paid	Reserved	Status
		\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
		\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
		\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on separate sheet

IV. LIQUOR LIABILITY SECTION

42. Limits desired:

Each Occurrence	\$	General Aggregate	\$
-----------------	----	-------------------	----

43. Does the organization offer entertainment? Yes No

If "Yes," question 25 must be completed.

44. Is a valid liquor license maintained, if required by ordinance or law, prior to any selling, serving or distribution of alcohol? Yes No

45. Are same-day memberships available? Yes No

46. Are members permitted to bring more than three guests per day (excluding immediate family members or banquet activities)? Yes No

47. Is alcohol ever sold or served away from the premises? Yes No

If "Yes," explain: _____

48. Is self-service of alcohol by members permitted? Yes No

49. Does the organization permit "BYOB" (bring your own bottle) or set-ups? Yes No

If "Yes," explain: _____

50. Are employees or other persons serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No

51. Does or will the organization ever offer (include special events such as New Years Eve parties, etc.): Yes No

- a. Any drink specials/Happy hours Yes No
- b. Drink specials/Happy hours after 9 p.m. Yes No
- c. Drink specials/Happy hours after 11 p.m. Yes No
- d. "All you can drink" specials or other offers involving unlimited alcoholic beverages Yes No
- e. More than two complimentary drinks per patron per day Yes No
- f. Beer pong or other drinking games Yes No

52. What is the lowest price offered for beer? \$ _____ wine/liquor? \$ _____

53. Are facilities available for banquets, receptions or private affairs? Yes No

If "Yes," does the organization serve alcohol at all events? Yes No

If "No," will lessee be required to carry liquor liability insurance at equal or greater limits? Yes No

54. Does the organization utilize an identification scanner on all patrons, regardless of age? Yes No

55. Are all alcohol servers certified in a Formal Alcohol Training Course, not mandated by state? Yes No

If "Yes," provide name of the course (ie.: TIPS, TAM, RAMP, BEST, etc): _____

56. Within the past five years, has liquor liability coverage been cancelled or non-renewed? Yes No

If "Yes," explain: _____

57. Violations:

- a. Within the past five years, has the organization been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol? Yes No
- b. If "Yes," provide the following information on each fine or citation: *(attach separate page if necessary)*

Date(s): _____

Description(s): _____

Fines and/or penalties assessed: _____

Measures in place to prevent future violations: _____

58. Have there been any liquor liability losses and/or assault and battery losses in the last five years? Yes No

If "Yes," provide the following information on each claim:

Assault/ Battery?	Date of Loss	Description and measures in place to prevent future incidents	Paid	Reserved	Status
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on separate sheet

V. NON PROFIT DIRECTORS AND OFFICERS AND EMPLOYMENT PRACTICES LIABILITY SECTION

59. Does the organization administer or sponsor any insurance programs? Yes No
60. Is the organization involved in any accreditation or standard setting activities? Yes No
61. Is the organization involved in any labor/union negotiations or collective bargaining activities? Yes No
62. Total number of employees: Full time _____ Part time _____ Volunteers _____ Seasonal _____
63. Number of chapters: _____ If there are chapters, is coverage requested for them under this policy? Yes No
64. Does the organization have any subsidiaries requiring coverage? Yes No

If "Yes," please complete the Non Profit Subsidiary Addendum (NPSADD).

65. Name of individual designated to receive all notices on behalf of the insured: _____
 Title: _____ Phone number: _____

66. Directors and officers liability insurance carried:

Insurer	Limits of Liability	Premium	Retention	Policy Period

67. Does the organization currently carry general liability insurance? Yes No
68. Has the organization or any person proposed for coverage (whether or not in the service of applicant) been the subject of or been involved directly in any civil, criminal, regulatory, legislative or administrative proceedings? Yes No
69. Please provide the following financial information for the last three three years. (If organization is in existence for less than three years, please provide Budgeted Revenue/Expense statement for next three years.)

Year	Total Revenue	Net Income (Loss)	Current Fund Balance*
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

* Fund balance = Total Assets – Total Liabilities

70. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers? Yes No
(If "Yes," please forward a completed USLI supplemental claims application.)
71. Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities) against the organization, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of the organization? Yes No
(If "Yes," please forward a completed USLI supplemental claims application.)

Fiduciary liability (available for 100 employees or less)

72. Does each pension plan use an outside investment manager? (if "No," fiduciary will not be offered) Yes No
73. Does each plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? *(if "No," please attach details)* Yes No
74. In the past two years has there been or is there now under consideration any material changes to a plan or termination/consolidation of a plan? (If "Yes," please attach details) Yes No
75. Has there been or is there now any claims(s) pending against any proposed insured arising out of any plan? *(If "Yes," please attach details)* Yes No
76. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed fiduciary liability coverage? *(If "Yes," please attach details)* Yes No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____
(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____

Title: _____
President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____