



Non Profit Fraternal Clubs

NON PROFIT FRATERNAL CLUBS APPLICATION

Type of coverage being requested: General Liability Property Liquor Non Profit D&O

Please fill out the General Information section, along with the section(s) you are requesting coverage.

GENERAL INFORMATION SECTION

1. Name of Organization: _____ D/B/A: _____
2. Does the Organization have tax exempt status as defined by the I.R.S.? Yes No
3. Mailing Address: _____

 E-mail Address: _____ Website Address: _____
4. Location Address: _____
 Location # _____ Note: submit a separate application for each location.
5. Building Interest: Owner Tenant If tenant, part occupied _____ %
6. Number of years in operation? _____
7. Has the organization filed **bankruptcy** in the last 5 years?

Prohibited	Eligible
<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is all electrical wiring connected to functional and operational circuit breakers? (answer does not affect liquor/D&O eligibility)

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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9. Does the electrical system have aluminum wiring? (answer does not affect liquor/D&O eligibility)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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10. Does the electrical system have knob & tube wiring? (answer does not affect liquor/D&O eligibility)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11. Total Sq Ft of building _____ Area occupied by the applicant-Sq. Ft. _____
 Area Leased to Others -Sq. Ft. _____ Number of apartment units _____
12. What is the latest hour the establishment will ever stay open? _____ AM _____ PM
13. Is this a seasonal operation? Yes No If yes, what is the season? _____ to _____
14. Are bouncers, security or doorpersons ever employed? Yes No
15. Number of members? _____
16. What is the average age of members? Under 21 21-25 26-30 31 +
17. **Total Annual Receipts**
 Food \$ _____
 Alcohol \$ _____
 Rental Income \$ _____
 Membership dues \$ _____
 Other \$ _____ Describe: _____
18. **Mortgages/Additional Insureds/Loss Payees**
 List name, Address and Interest of each:

Indicate applicable section:		
<input type="checkbox"/> Property	<input type="checkbox"/> GL	<input type="checkbox"/> Liquor

 - a. Name: _____
 Address: _____
 Interest: _____
 - b. Name: _____
 Address: _____
 Interest: _____
 - c. Name: _____
 Address: _____
 Interest: _____
19. Inspection Contact Name: _____
 Telephone Number: _____ E-mail Address: _____
20. Audit Contact Name: _____
 Telephone Number: _____ E-mail Address: _____

GENERAL LIABILITY SECTION

21. Limits Desired

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

22. Hired and Non-Owned Auto Liability Check if coverage is desired

Note: If Hired/Non-Owned is checked, limit will equal General Liability Occurrence limit.

If checked, answer a through d.

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|--|------------------------------|-----------------------------|
| | Prohibited | Eligible |
| a. Does the applicant have a Business (or Commercial) Automobile Insurance Policy in force? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the applicant regularly deliver goods or products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Does the applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Does the organization have any owned or leases (long-term) autos? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
23. Are there functioning smoke or heat detectors used in all public areas, and if building owner, in all habitational units? No Yes
24. Does applicant have any of the following exposures: mechanical rides, moon bounces, trampoline, rock walls, pyrotechnics, swimming pool or foam machines? Yes No
25. Any firearms kept or permitted on premises or are off-duty police officers or armed guards employed? Yes No
26. Is a secondary means of egress provided for each floor (including basement) having public access? No Yes
27. If there is another occupancy in the building, are all deep fat frying appliances protected per NFPA 96 (Automatic Fire Extinguishing System)? No Yes
28. Within the past five years has **General Liability** coverage been cancelled or non-renewed? Yes No If yes, explain: _____

Entertainment

29. Does applicant feature any **entertainment**? Yes No
- If yes: **Major Entertainment** (check all that apply): DJ Adult Entertainment/Exotic Dancing
 Jazz music with dancing Band Comedy Club Karaoke with dancing
 Country/Line Dancing Shows or Contests (describe): _____ Other (describe): _____
- Number of times per week: _____ or number of times per year _____
- Incidental Entertainment** (check all that apply): Karaoke Solo Vocalist Jukebox
 Mariachi Band Jazz Musicians Other (describe) _____
- Number of times per week: _____ or number of times per year _____
- Is dancing permitted? Yes No

30. Does applicant have table seating? Yes No
31. Does applicant have table service? Yes No

32. Loss History for General Liability for the past **five (5)** years: If none, check here

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

33. List expiring General Liability carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

NON-PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY SECTION

50. Does the Organization administer or sponsor any insurance programs? Yes No
51. Is the Organization involved in any accreditation or standard setting activities? Yes No
52. Is the Organization involved in any labor/union negotiations or collective bargaining activities? Yes No
53. Total number of Employees: Full Time _____ Part Time _____ Volunteers _____ Seasonal _____

54. Number of chapters: _____ If there are chapters, is coverage requested for them under this Policy? Yes No
55. Does the Applicant have any Subsidiaries requiring coverage? Yes No

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

56. Name and title of individual designated to receive all notices on behalf of the Insured: _____
 Title _____ Phone Number: _____

57. Directors and Officers Liability Insurance carried:

Insurer	Limits of Liability	Premium	Retention	Policy Period
_____	_____	_____	_____	_____

58. Does the organization currently carry General Liability Insurance? Yes No
59. Please provide the following financial information for the last three (3) years. (If organization in existence less than 3 years please provide Budgeted Revenue/Expense statement for next 3 years.)

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

* Fund balance = Total Assets - Total Liabilities

60. 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.)
61. Within the last 5 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 50 employees or less)

62. Does each Pension Plan use an outside Investment Manager? (If No, Fiduciary will not be offered.) Yes No
63. 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
64. In the past two (2) years has there been or is there now under consideration any material changes to a Plan or termination / consolidation of a Plan? Yes No
 (If yes, please attach details)
65. Has there been or is there now pending any claims(s) against any proposed Insured arising out of any Plan? (If yes, please attach details) Yes No
66. 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? Yes No
 (If yes, please attach details)

LIQUOR LIABILITY SECTION

67. Limits Desired

Each Common Cause Limit	\$	Aggregate Limit	\$
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68. Does the applicant offer entertainment? Yes No
If yes, question 29 must be completed.
69. Does applicant have a valid liquor license? Yes No
 a. Name on license: _____ License #: _____
 b. License Type (Class D licenses prohibited in Utah): _____
70. Is the applicants premises located in a jurisdiction which permits civil cases to be heard in a tribal court? Yes No
71. Are same-day memberships available? Yes No
72. Are members permitted to bring more than 2 guests per day (excluding immediate family members or banquet activities)? Yes No
73. Is this risk located in a dry county or township? Yes No
74. Does applicant ever sell or serve alcohol away from the premises shown in Question 4? Yes No
 If off-premises coverage is desired, attach a complete Off-Premises Supplemental Application, form LLA-OPS to this submission.
75. Is self-service of alcohol by members permitted? Yes No
76. Does applicant permit "BYOB" (bring your own bottle) or set-ups? Yes No
 If "yes," explain: _____
77. Are employees or other persons serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No
78. Does or will applicant 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 lasting longer than 3 hours in duration Yes* No
 c. Drink specials/happy hours after 9 PM Yes* No
 d. Single drink servings larger than 24 ounces Yes* No
 e. Complimentary drinks Yes* No
 f. "All you can drink" specials or other offers involving unlimited alcoholic beverages Yes* No
 * If "yes," describe type of drink(s), size (oz.),cost and time(s) offered: _____

 g. Beer price: _____ (lowest price offered, including happy hours or specials)
 h. Liquor or wine price: _____ (lowest price offered, including happy hours or specials)
79. Is entertainment featured at banquets? Yes No
 Number of times per week _____ or number of times per year _____
80. Are facilities available for **banquets, receptions or private affairs?** Yes No
 a. Number of times per week _____ or number of times per year _____
 b. Does applicant 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
81. 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): _____
 To be considered for a credit on your quote, please attach copies of the certificates to this application.
82. Are guns kept or permitted on premises? Yes No
83. Within the past five years, has **Liquor Liability** coverage been cancelled or non-renewed? Yes No
 If "yes," explain: _____
84. Is applicant requesting liquor liability limits greater than general liability limits carried? Yes No
 If yes, please note than General Liability limits must be maintained at limits equal or greater than Liquor Liability limits.

85. Violations:

- a. Within the past **five (5)** years, has applicant 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:
 Date(s): _____
 Description(s): _____
 Fines and/or penalties assessed: _____
 Measures in place to prevent future violations: _____

86. Claims:

- a. Within the past **five (5)** years, has the applicant had any reported liquor liability and/or assault and battery claims or notifications of potential liquor liability and/or assault and battery claims? Yes No
- b. If "yes," provide the following information on each **Liquor Liability** claim:

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Measures in place to prevent further incidents: _____

87. List expiring Liquor Liability carrier, term, limits and premium:

Carrier	Term	Limits	Premium

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event th Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached dot and become part of the policy.

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Virginia Notice: You have an option to purchase a separate Limit of Liability for the extension period, policy common conditions I. If you do not elect this option, the Limit of Liability for the extension period shall be part of and not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified 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.

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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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.

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.

Ohio Fraud Statement: 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 is guilty of insurance fraud.

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.

Pennsylvania 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 and Virginia 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.

Applicant's Signature _____ Title _____ Date _____
(Owner or Officer)

If the primary address of the location listed in item #1 is in the state of **New York, Iowa, or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker _____

Address: _____

Agent or Broker License number _____

Mail complete application through local Agent or Broker to: _____
