



# 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? 

<b>Prohibited</b>	<b>Eligible</b>
<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. **Mortgagees/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: \_\_\_\_\_

<input type="checkbox"/> Property <input type="checkbox"/> GL <input type="checkbox"/> Liquor
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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.

**Prohibited**      **Eligible**

- a. Does the applicant have a Business (or Commercial) Automobile Insurance Policy in force?       Yes       No
- b. Does the applicant regularly deliver goods or products?       Yes       No
- c. Does the applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis?       Yes       No
- d. Does the organization have any owned or leases (long-term) autos?       Yes       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



**PROPERTY SECTION**

**34. Limits Desired and Rating Information.**

<b>Building Construction</b> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	<b>Protection Class</b> <input type="checkbox"/> 1-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	<b>Deductible</b> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<b>Cause of Loss</b> <input type="checkbox"/> Basic <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
<b>Building Limit:</b>	\$ _____	Coinsurance (80% minimum) _____	<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Improvements and Betterments Limit:</b>	\$ _____	Coinsurance (80% minimum) _____ %	<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Business Personal Property Limit:</b>	\$ _____	Coinsurance (80% minimum) _____ %	<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Business Income Limit:</b>	\$ _____	Coinsurance: _____ or _____ <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> With Extra Expense	Monthly Limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> Without Extra Expense
<input type="checkbox"/> Value Plus Endorsement (Requires a Central Station Burglar Alarm)			
<input type="checkbox"/> Employee Dishonesty \$ _____ # of Employees _____			
<input type="checkbox"/> Money & Securities \$ _____		Inside \$ _____	Outside (\$500 Standard Deductible)
<input type="checkbox"/> Burglary & Robbery \$ _____		Inside \$ _____	Outside (\$500 Standard Deductible)
<input type="checkbox"/> Outdoor Signs \$ _____			
<input type="checkbox"/> Equipment Breakdown (Coverage requires a maintenance contract for all refrigeration units)			

35. Has any Officer or Board member of this organization ever been convicted of the felony of arson?  Yes    No

36. Are there any pyrotechnics or foam machines?  Yes    No

37. **Cooking Supplement**-If no cooking, check here   
 a. Is there a cleaning contract in force with an outside firm?  No    Yes  
 b. Describe Cooking equipment used:  
 Grills       Open Flame       Oven       Deep Fat Fryers  
 Charcoal grill       Barbeque Pit/Smoke      Type or Brand \_\_\_\_\_ Distance from building: \_\_\_\_\_ ft.  
 c. Are the cooking area, hood and duct system protected per NFPA 96 (Fire Extinguishing System)  Yes    No  
 d. Type of Extinguishing system:       Wet    Dry  
 e. Is vegetable oil used in cooking?       Yes    No

38. Is the plumbing completely PVC or Copper (No Iron or Lead)?  Yes    No

39. Type of roof?       Flat    Pitched

40. Roof Updated, yr. \_\_\_\_\_ Electrical Updated, yr. \_\_\_\_\_ Plumbing Updated, yr. \_\_\_\_\_ Heating Updated, yr. \_\_\_\_\_

41. Age of building: \_\_\_\_\_

42. Are there vacancies in the building?       Yes    No   If "yes," what percentage? \_\_\_\_\_ %

43. Burglar Alarm:       Local       Central Station Burglar Alarm

44. Fire Protection:  Sprinklers    Central Station Fire Alarm    Local Fire Alarm    Annually Serviced Fire Extinguisher(s)

45. If applicant is the building owner, are there other occupancies?       Yes    No

46. Within the past five years, has **Property** coverage been cancelled or non-renewed?       Yes    No  
 If "yes," explain: \_\_\_\_\_

47. **Loss History for Property** for past three (3) years:       If none, check here

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

48. List expiring **property** carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

49. Are we the expiring or current carrier of any of the lines of business above?       Yes    No  
 If yes, provide policy number(s): \_\_\_\_\_



**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):  
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

**Fraud Statement:** Any person who knowingly and with the intent to defraud any insurance company or other person, files and 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 may subject such person to criminal and/or civil penalties and other sanctions.

**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.

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement mad e in the Application or in any affidavit made before or after a loss under the policy will l 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 the may render inaccurate, untrue or incomplete any statement made with the 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 non payment of premium."

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Officer)

Broker's Signature \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) authorized Agent or Broker.

Name of Authorized agent or Broker \_\_\_\_\_

Address: \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_