

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 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
☐ Foosball, Table Hockey, etc.
☐ Mechanical Bull
☐ Axe Throwing/Shooting Range

☐ Darts
☐ Pool Table
☐ Gaming/Gambling

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
\$600,000 Aggregate | <input type="checkbox"/> \$500,000 Each Claim
\$1M Aggregate | <input type="checkbox"/> \$1M Each Claim
\$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.)



Fraternal Insurance Application

Phone 800-432-4537

Email EaglesInsurance@LocktonAffinity.com

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