



NON PROFIT FRATERNAL ORDERS/CLUBS APPLICATION

Please fill out the General Information section, along with the section(s) you are requesting coverage.
Also provide: Acord applications Any event brochures Copy of any Hall rental contracts Five year loss history

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. Check the Internal Revenue Service tax exempt code that pertains to this organization:
 501 (c)(4) 501 (c)(7) 501 (c)(8) 501 (c)(10) 501 (c)(19) Other: _____
4. Purpose and mission of the organization: _____

5. Operations of the organization (check all that apply):
 Private club Social club Dinner club Bar/Tavern Restaurant Pool hall
 Bingo Casino/Gaming Parades Fundraising Hall rental Banquet hall Unions
 Other - describe: _____
6. Mailing address: _____
City: _____ State _____ Zip: _____
E-mail address: _____ Web site address: _____
7. Location address: _____
City: _____ State _____ Zip: _____
Location # _____ *Note: submit a separate application for each location.*
8. Building Interest: Owner Tenant if tenant, part occupied _____%
9. Number of years in operation? _____
10. Has the organization filed bankruptcy in the last five years? Yes No
11. What is the latest hour the establishment will ever stay open? _____ AM _____ PM
12. How many hours prior to closing will alcoholic beverages be served? _____
13. Are bouncers, security or doorpersons ever employed? Yes No
14. Is there a lodge manager who oversees all operations? Yes No
15. Number of members? _____ (*Do not include any auxiliary 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. Within the past five years has coverage been cancelled or non-renewed? Yes No
If "Yes," explain: _____

GENERAL LIABILITY SECTION

19. CGL Liquor Liability

LIMIT OPTION \$1,000,000

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

If checked, answer a through d.

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

21. Are there functioning smoke or heat detectors used in all public areas? Yes No

22. Does applicant have any of the following exposures: mechanical rides, moon bounces, trampoline,
rock walls, pyrotechnics, swimming pool or foam machines? Yes No

23. Is a secondary means of egress provided for each floor (including basement) having public access? Yes No

Entertainment

24. Does applicant feature any entertainment? Yes No

If "Yes", check all that apply:

DJ Live Music Juke Box Comedy club

Shows or contests (describe): _____

Other (describe): _____

Number of times per week: _____ or number of times per year _____

Is dancing permitted? Yes No

25. Does applicant have table seating? Yes No

26. Does applicant have table service? Yes No

27. Does the organization ever act as a promoter of an event held away from the insured premises? Yes No

If "Yes," please provide details: _____

28. Is the facility ever rented out to members or the general public for private events? Yes No

29. Are certificates of liability obtained by any vendors naming the Named Insured as an Additional Insured? Yes No

30. Are there any previous assault and battery claims in the past three years? Yes No

31. Are guns kept or permitted on premises? Yes No

If Yes, explain: _____

32. Does the insured have shooting events on site (meat/turkey shoots etc.)? Yes No
- A. Does application require redundancy storage of all firearms & ammunition, including requiring locations or access systems? Yes No*
- B. Does the shooting range include bullet traps and a supplemental backstop or specific safety zones behind targets? Yes No*
- C. Are there clearly delineated rear and side safety barriers? Yes No*
- D. Are there clearly defined firing lines/lanes? Yes No*
- E. Do activity leaders use clear safety signals and ranges commands to control activity at the firing line and during the retrieval of targets? Yes No*

*Explain any "No" answers: _____

PROPERTY SECTION

33. Cooking supplement - If no cooking, check here
- a. Is there a cleaning contract in force with an outside firm? Yes No
- If "Yes," how often: _____
- 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
34. Is the plumbing completely PVC or copper (*no iron or lead*)? Yes No
35. Type of roof? Flat Pitched
36. Roof updated, yr. _____ Electrical updated, yr. _____ Plumbing updated, yr. _____ Heating updated, yr. _____
37. Age of building: _____
38. Are there vacancies in the building? Yes No
- If "Yes," what percentage? _____ %
39. Burglar alarm: Local Central station burglar alarm
40. Fire protection: Sprinklers Central station fire alarm Local fire alarm Annually serviced fire extinguisher(s)
41. Is the building fully protected by an operational sprinkler system covering 100% of the premises? Yes No
42. If applicant is the building owner, are there other occupancies? Yes No
43. Is all electrical wiring connected to functional and operational circuit breakers? Yes No
44. Does the electrical system have aluminum wiring? Yes No
45. Does the electrical system have knob & tube wiring? Yes No
46. Total sq ft of building: _____ Area occupied by the applicant: _____ sq ft.
 Apartment area: _____ sq ft. # of apartment units: _____ Area leased to others: _____ sq ft.

LIQUOR LIABILITY SECTION

47. Does applicant have a valid liquor license? Yes No
a. Name on license: _____ License #: _____
b. License type (*Class D licenses prohibited in Utah*): _____
48. Is the applicant's premises located in a jurisdiction which permits civil cases to be heard in a tribal court? Yes No
49. Are same-day memberships available? Yes No
50. Are members permitted to bring more than two guests per day (*excluding immediate family members or banquet activities*)? Yes No
51. Are members allowed behind the bar area? Yes No
52. Is this risk located in a dry county or township? Yes No
53. Does applicant ever sell or serve alcohol away from the premises shown in Question 7? Yes No
If "Yes," please provide details: _____

54. Is self-service of alcohol by members permitted? Yes No
55. Does applicant permit "BYOB" (bring your own bottle) or set-ups? Yes No
If "Yes," explain: _____

56. Are employees or other persons serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No
57. 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 three hours in duration Yes* No
 - c. Drink specials/happy hours after 9 p.m. 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*)
58. Is entertainment featured at banquets? Yes No
Number of times per week: _____ OR number of times per year: _____
59. 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

60. 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): _____

If "No," who is trained? _____

If not all servers attend a training course, how are they trained?

61. **VIOLATIONS:**

a. Within the past five five 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: _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)



MANDATORY SIGNATURE SUPPLEMENT TO ALL APPLICATIONS, QUESTIONNAIRES, & ENROLLMENT FORMS

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name: _____

FRAUD WARNING

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in HI

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in KS

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 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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in MA, NE, AND VT

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in MN

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ

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

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

FRAUD APPS (2013/09)

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)