

QUESTIONNAIRE – CLUBS: CIVIC OR SOCIAL

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

If the business maintains a web site, state the address: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "NO", you are not eligible for coverage in CIC.

1. Is your building either less than 30 years old, or has the roofing, heating, wiring and plumbing been updated in the last 10 years? Yes No
2. If you do commercial cooking, is there a fire suppression system over the cooking area, with independently contracted servicing? Yes No NA
3. If you do commercial cooking, are exhaust ducts cleaned by an independent cleaning service? Yes No NA

CLUB INFORMATION

CLASS CODE	SCHEDULE OF EXPOSURES	PREMIUM BASIS (a) area (s) sales (t) members
	Clubs - civic/service/social - having buildings or premises owned or leased	(a)
	Clubs - civic/service/social - no buildings or premises owned or leased	(t)
	Restaurant - alcohol less than 75 of total receipts with dancing	(s)
	Restaurant - alcohol less than 75% of total receipts without	(s)
	Restaurants - alcohol greater than 75% of total receipts with	(s)
	Restaurants - alcohol greater than 75% of total receipts without dancing	(s)

ADDITIONAL INFORMATION:

1. When reporting sales do not include sales derived from post members or spouses.
2. Examples of sales to be reported are from operating food stands, alcoholic beverage stands, hall rental by public, service of food and drinks to the public.
3. Sales from bingo or card games open to the public also should be reported.
4. Do not include club membership fees or dues.

1. Do any other parties have an interest in any property of the club Yes No
 If yes, list the name and address, and describe the interest:

2. Attach a list of special events conducted or sponsored annually and identify those where alcoholic beverages are served.
3. Are outsiders contracted for amusement rides, dunk tanks, etc? Yes No
 If yes, describe: _____
4. Any other property owned by the Post? Yes No
 If yes, describe: _____
5. Are Post facilities available for use by the public? Yes No
 If yes, describe: _____
6. Do Post members or volunteers use their own vehicles for Post business? Yes No
 If yes, describe: _____
7. Are there facilities for grill and/or deep fat frying? Yes No
 If yes, are all surfaces covered by a hood and fire suppression system? Yes No
8. Does the Post have a ladies auxiliary? Yes No
 If yes, do they have their own insurance policy? Yes No

FIDELITY BOND INFORMATION (IF APPLICABLE)

1. Is there an independent audit of your organization by a CPA, public accountant or equivalent? Yes No
 If yes, how often: Quarterly Semi-annually Annually
2. Does someone other than the Quartermaster/Treasurer reconcile band accounts? Yes No
 If no, explain: _____
3. Is countersignature of checks required? Yes No
 If no, explain: _____
4. List below any fidelity and forgery losses sustained during the past three years (not applicable in Missouri):

Date of Loss	Description of Loss	Amount of Loss	If loss occurred at other than head office, state location



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLWEDE AFTER REASONABLE ENQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address