



# 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 OPTIONS  \$500,000  \$1,000,000  Other \_\_\_\_\_

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

**PROPERTY SECTION**

31. 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

32. Is the plumbing completely PVC or copper (*no iron or lead*)?  Yes  No

33. Type of roof?  Flat  Pitched

34. Roof updated, yr. \_\_\_\_\_ Electrical updated, yr. \_\_\_\_\_ Plumbing updated, yr. \_\_\_\_\_ Heating updated, yr. \_\_\_\_\_

35. Age of building: \_\_\_\_\_

36. Are there vacancies in the building?  Yes  No

If "Yes," what percentage? \_\_\_\_\_ %

37. Burglar alarm:  Local  Central station burglar alarm

38. Fire protection:  Sprinklers  Central station fire alarm  Local fire alarm  Annually serviced fire extinguisher(s)

39. Is the building fully protected by an operational sprinkler system covering 100% of the premises?  Yes  No

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

41. Is all electrical wiring connected to functional and operational circuit breakers?  Yes  No

42. Does the electrical system have aluminum wiring?  Yes  No

43. Does the electrical system have knob & tube wiring?  Yes  No

44. 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**

45. Does applicant have a valid liquor license?  Yes  No

a. Name on license: \_\_\_\_\_ License #: \_\_\_\_\_

b. License type (*Class D licenses prohibited in Utah*): \_\_\_\_\_

46. Is the applicant's premises located in a jurisdiction which permits civil cases to be heard in a tribal court?  Yes  No

47. Are same-day memberships available?  Yes  No

48. Are members permitted to bring more than two guests per day (*excluding immediate family members or banquet activities*)?  Yes  No

49. Are members allowed behind the bar area?  Yes  No

50. Is this risk located in a dry county or township?  Yes  No

51. Does applicant ever sell or serve alcohol away from the premises shown in Question 7?  Yes  No  
 If "Yes," please provide details: \_\_\_\_\_  
 \_\_\_\_\_
52. Is self-service of alcohol by members permitted?  Yes  No
53. Does applicant permit "BYOB" (bring your own bottle) or set-ups?  Yes  No  
 If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_
54. Are employees or other persons serving alcohol permitted to consume alcohol during their hours of employment or service?  Yes  No
55. 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*)
56. Is entertainment featured at banquets?  Yes  No  
 Number of times per week: \_\_\_\_\_ OR number of times per year: \_\_\_\_\_
57. 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
58. 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? \_\_\_\_\_  
 \_\_\_\_\_
59. Are guns kept or permitted on premises?  Yes  No

60. 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)