

CLUB QUESTIONNAIRE

**Civic/Social/Not for Profit
 Chamber of Commerce**

**VFW
 American Legion**

Applicant Name _____

Effective Date _____

Agency Name _____

Agency # _____

- Please attach to an ACORD Application
- Please attach a copy of Event Flyers
- Please attach a copy of the Hall Rental Contract

Applicant Information

1. What is the purpose of the Organization? _____
2. Web site _____
3. Date Organization was founded _____
4. Please provide the number of club members _____
- Is there a Women's Auxiliary? ___ Yes ___ No
- If yes, do they have their own insurance? ___ Yes ___ No
- If no, number of auxiliary members _____
5. Please provide the total number of full-time (including owners and officers) employees _____
- Total number of part-time employees _____
6. In which state(s) do you conduct business? _____

Operations Information

7. Please provide square footage of buildings owned or leased _____
8. Please provide receipts for:
 Hall Rental \$ _____
 Lottery Sales \$ _____
 Membership Dues \$ _____
 Food \$ _____
 Other _____ \$ _____
9. Do you sell any second hand items? ___ Yes ___ No
 If yes, please describe the type of items you sell _____

Food Sales/Cooking Information

10. Do you sell any food or beverages? ___ Yes ___ No
 If yes, please provide the annual receipts (including liquor) \$ _____
11. Do you have any grill top or deep fat frying? ___ Yes ___ No
 If yes, please complete *Restaurant / Tavern Supplement ACORD 185*

Event Information

12. Do you sponsor any parades or special events? ___ Yes ___ No
 If yes, *please attach a copy of the event flyer* and provide the following information.
 Description of the Event(s) _____

Also describe any event activities involving the use of autos, mobile equipment (including farm machinery) or any steam-powered equipment _____

Dates of the event(s) _____

Venue name and location address (If multiple addresses, please attach a location schedule.)

Name

Street Address City State Zip

Expected attendance for the event(s) _____

13. Do you obtain Certificates of Insurance from all vendors, listing you as additional insured? ___ Yes ___ No

14. Do you transport members for outings? ___ Yes ___ No
If yes, do you charter a bus or transport them in your own vehicles? (please choose one)

Entertainment Information

15. What is the average age of clientele?
_____ Under 21 _____ 21-25 _____ 26-30 _____ 31-65 _____ over 65

16. What type of entertainment is provided?
_____ Live Music Description: _____ How often? _____
_____ Dancing Square feet of dance floor: _____
_____ Dance Contests
_____ DJ How often? _____
_____ Karaoke How often? _____
_____ Juke Box
_____ Piano

17. Are there pyrotechnics? ___ Yes ___ No

Coverage Information

18. Abuse and Molestation Liability

Please indicate if you would like to include a quote for Abuse and Molestation Liability:

___ No thanks
___ Yes, please include a quote for Abuse and Molestation Liability within my General Liability limits.

Completion of the following abuse and molestation liability coverage questions is mandatory for Illinois and Kansas if your club sponsors or is involved in any youth programs. For any other state, complete the following abuse and molestation liability coverage questions only if you want to include this coverage:

Prior to employment, do you perform criminal background checks on all employees and volunteers? ___ Yes ___ No

If yes, how often do you run background checks on existing employees and volunteers?

At the time of orientation, do you discuss and provide literature on how to recognize the signs of abuse and what to do if an allegation of abuse is made? ___ Yes ___ No

Has there ever been an allegation of abuse made against your organization or any of its members? ___ Yes ___ No

If yes, please explain _____

Are you aware of any incident that could give rise to an allegation of abuse? ___ Yes ___ No
If yes, please explain _____

Liquor Liability Coverage

19. Liquor Liability Limits Requested (Each Common Cause/Aggregate)

\$100,000/\$100,000

\$300,000/\$300,000

\$500,000/\$500,000

\$1,000,000/\$1,000,000

20. Projected annual alcohol sales:

a. Beer \$ _____

b. Wine \$ _____

c. Liquor \$ _____

21. Is a liquor license required? _____ Yes _____ No

If yes, name in liquor license _____

22. Is there a happy hour, drink specials or similar promotions? _____ Yes _____ No

If yes, please describe _____

23. Will the servers be licensed bartenders? _____ Yes _____ No

If not, will the serving be overseen by a licensed bartender? _____ Yes _____ No

24. Will Servers be trained in Alcohol Awareness training (i.e. Tips or Tops)? _____ Yes _____ No

25. Will ID's be checked before alcohol is served? _____ Yes _____ No

26. Are procedures in place regulating the sale of alcohol to minors or those under the influence? _____ Yes _____ No

27. Is Management notified prior to refusing to serve patrons? _____ Yes _____ No

28. Is documentation kept on each incident involving refusal to serve patrons? _____ Yes _____ No

29. Have there been any liquor board violations _____ Yes _____ No

If yes, please explain _____

Special Event Liquor _____ Yes _____ N/A

30. Have you hosted similar events in the past? _____ Yes _____ No

If yes, have you ever been cited for violation of law or ordinance related to serving alcohol? _____ Yes _____ No

31. At previous events, have there been any fights or altercations of any kind? _____ Yes _____ No

32. If an outdoor venue, will there be a double fence surrounding the area where alcohol is allowed? _____ Yes _____ No

33. Will law enforcement or security be present in the area where liquor is served and consumed? _____ Yes _____ No

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature

Date

Agent's Signature

Date