



CLUB OR MEMBERSHIP ORGANIZATION SUPPLEMENTAL QUESTIONNAIRE

Named Insured/Applicant _____

Policy/Quote Number _____

Location address _____

Insured's website address: _____

1. What is the purpose of the club or organization? _____

2. Where are meetings held? _____

Number of meetings per year _____ Total number of members _____

3. Does the insured have D & O coverage inforce? Yes No

Carrier: _____ Limits _____

4. Does the insured operate in conjunction with a regional, national or international organization? Yes No

If yes, explain _____

5. Does the insured own or rent any properties not included in the original application? Yes No

Location	Construction Type	Square Ftg.	Replacement Cost	Use of Building
			\$	
			\$	
			\$	

6. Are any owned or leased premises rented out to others for special occasions such as weddings, dinners, banquets, dances, etc.? Yes No

If yes, describe activities and attach a copy of agreement/contract _____

7. How often is the location(s) leased? _____ Person capacity _____

8. Is there a bar? Yes No

9. Who is responsible for sale/service of alcohol when premises is leased? _____

10. Are there cooking facilities on the insured's premises? Yes No

If yes, provide a description of cooking equipment and its use _____

Automatic fire suppression system? None Wet Chemical Dry chemical

Service contract in place? Yes No

Contractor: _____ Date Serviced: _____ Certificate? Yes No

11. Cleaning Contractor in place? Yes No

Contractor: _____ Date Serviced: _____ Certificate? Yes No

12. How are funds secured for the club/organization? _____

When funds are raised, how are they used? _____

What organizations benefit from the fundraisers? _____

Any major fundraisers or special events? _____



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Name of Fund Raiser or Special Event	Event Description	Location	Estimated Attendance

13. Are alcoholic beverages available at fundraisers or special events? Yes No

Is the insured responsible for the sale and/or service of alcohol? Yes No

14. Are certificates of insurance secured from all contractors or vendors providing services to the insured, including food and / or alcohol? Yes No

15. Is the insured named as an Additional Insured on the contractors' insurance? Yes No

16. Any seminars, counselling or advice activities conducted by, on behalf of, or sponsored by the insured? Yes No
Please provide description: _____

17. Any bingo held at this or any other of the insured's locations? Yes No

18. Any sporting events sponsored by the insured? Yes No

19. Any athletic teams sponsored by the insured? Yes No

Insured's Signature _____ Date _____

Agent Signature _____ Date _____