



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 _____