

Capitol Indemnity Corporation

P.O. Box 5900
Madison, WI 53705

CLUBS - VETERANS AND NON-PROFIT APPLICATION

Date _____ Effective Date _____

Post Name _____ Agents Name and Address _____

Post Address _____

Post Commander _____

Business Phone _____

I. PROPERTY

(Circle Coverage)

Bldg Limit _____ Special or Broad ACV or RC 80% or 90% Coinsurance

Cnts Limit _____ Special or Broad ACV or RC 80% or 90% Coinsurance

Business Income Limit _____ Coinsurance _____ or Monthly Limit _____

Deductible _____ (\$250 minimum)

Other occupants of building _____

Location is: Rented Owned

Is there a: Mortgagee Loss Payee Contract of Sale

If yes - name _____

address _____

Building Construction: Frame Masonry Non-Combustible Fire Resistive

Building Age _____ Protection Class _____ Total building area _____

Year of last update: _____ Heating _____ Plumbing _____ Electrical _____ Roof _____

II. LIABILITY (Occurrence)

General Aggregate \$ _____

Products & completed Operations Aggregate \$ _____

Personal & Advertising Injury \$ _____

Each Occurrence \$ _____

Fire Damage (any one fire) \$ _____

Medical Expense (any one person) \$ _____

Hired/Non-owned Auto \$ _____

VI. INLAND MARINE

SIGNS Location _____ Amt. \$ _____

POST PARAPHERNALIA

Attach an inventory with a description and actual cash value. (Replacement cost not available)

\$ _____ Deductible per item \$ _____ Deductible per occurrence

VII. WORKER'S COMPENSATION

Please complete and attach ACORD Application

VIII. PLEASE COMPLETE THE FOLLOWING:

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

LOSS HISTORY (not applicable in Missouri)

Occ Date	Description of Claim	Date of Claim	Amount Paid	Amount Reserve	Claim Status

Check if no claims

IV. FIDELITY BOND

Names _____

Amount Required \$ _____

Is there an audit by a CPA, public accountant or equivalent, independent of your organization? Yes No

If "yes", how often (check appropriate box): Quarterly Semi-annually Annually

INTERNAL CONTROLS (other than audit procedures):

Are bank accounts reconciled by someone other than the Quartermaster/Treasurer? Yes No

If no, explain _____

Is countersignature of checks required? Yes No

If no, explain _____

List below all fidelity and forgery losses sustained during the past three years (not applicable in Missouri):

Check, if none

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

APPLICABLE IN IDAHO:

Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

APPLICABLE IN KENTUCKY:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

APPLICABLE IN MINNESOTA:

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE INSURANCE COMPANY.

Producer's Signature _____ Date _____

Applicant's Signature _____ Date _____