

**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 \_\_\_\_\_