

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
------------------	--------	------	--------	-------	----------

**BUSINESS INFORMATION**

1. Indicate primary function of club:

2. Indicate type of functions banquet room(s) are used for:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fundraisers       | <input type="checkbox"/> Bingo Games    | <input type="checkbox"/> Business Meetings   |
| <input type="checkbox"/> Funeral Dinners   | <input type="checkbox"/> Sport Events   | <input type="checkbox"/> Anniversary Parties |
| <input type="checkbox"/> Card Games        | <input type="checkbox"/> Benefit Dances | <input type="checkbox"/> Wedding Receptions  |
| <input type="checkbox"/> Other (describe): |   |  |

How often are facilities booked?

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 3. Is alcohol served?<br><i>If yes, complete Restaurant, Bar and Tavern Supplement, S369-IL.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are club facilities available for private use?<br>If yes, are they available to members only?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can entertainment be brought in by the booking party?<br>If yes, type of entertainment:<br>Indicate frequency entertainment is brought in by the booking party: | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Any contests or tournaments?<br>If yes, describe:   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If rod and gun club, is there on-site practice?<br>If yes, indicate location:   | <input type="checkbox"/> | <input type="checkbox"/> |

**IMPORTANT NOTICE  
 DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date

Agent Name and Address