

Quick Application

Complete this application and return via mail or email



INSURANCE & RISK MANAGEMENT

160 W. Carmel Dr. Ste 264 | Carmel, IN 46032 | 317.605.3896

gnix@patriotirm.com | www.patriotirm.com

Post Name _____ Contact Person/Title _____

Post Phone _____ Home Phone _____ Fax Number _____ Email Address _____

Mailing Address _____ City _____ State _____ Zip _____

Location Address _____ City _____ State _____ Zip _____

Today's Date: _____ Policy Renewal Date: _____ Need by: _____

Federal ID # (FEIN): _____ Approximate Premium: _____

Current Membership: _____ Auxiliary Membership: _____

Building Currently insured for: \$ _____ RC AV Contents currently insured for: \$ _____

Current General Liability Limits: \$ _____ Current Liquor Limits: \$ _____

Do you own the building? Yes No Year building built: _____ Construction Type: _____

Central Air? Yes No Central Alarm? Yes No No Stand-alone building? Yes No Any other tenants? Yes No

Square footage: 1st Floor _____ Basement _____ 2nd Floor _____

Miles from Fire dept.: _____ Miles from fire hydrant: _____ Miles from coast: _____ (coastal states only)

If building over 40 years old, fill in year updated: _____

Electrical: _____ Roof: _____ Plumbing: _____ Heating: _____ Cooling: _____

Do you have restaurant/kitchen facilities? Yes No Annual food sales: \$ _____

If yes, please check all of the cooking operations that are conducted on your premises:

Oven Baking or Microwave Cooking Only Grilling Deep Fat Frying Barbecuing

If your operations include Grilling, Deep Fat Frying or Barbecuing, do you have an extinguishing system over all cooking surfaces?

Yes No Automatic Fuel Cut Off? Yes No

Do you have a maintenance contract for cleaning and service of the extinguishing system? Yes No

Do you have a bar/canteen? Yes No Annual bar sales: \$ _____

Do you have a beer or liquor license? Yes No Has it ever been revoked? Yes No

Is the bar open past 2:00 am? Yes No Do patrons show proof of age? Yes No

The bar is: Open to club members and guests only Open to club members, guests and general patrons

Is the hall rented to parties, dances, etc? Yes No Is the bar open at such events? Yes No

Does your post engage in any bingo, turkey shoots, firework displays, carnivals; sponsor or host any parades; or have any lakes, ball fields or swimming pools?

Yes No If yes, please describe: _____

Does the post carry Workers' Compensation coverage? Yes No

If yes, number of employees: _____ Annual Payroll: \$ _____

Do you want Workers' Compensation coverage to extend to Volunteers? Yes No

If yes, what are the annual volunteer hours worked? _____

Does the post own any autos? Yes No If yes, please describe: _____

Have you had any losses in the last four years? Yes No If yes, please describe: _____

Please sign and date: _____ Date: _____

All information subject to final underwriting verification, clarification and approval