



Named Insured: Phone:
Event: # Days: # Attendees: On/Off Premises: ☐ On ☐ Off

Liability Information

1. How many members?
2. Do you conduct any fundraising activities? ☐ Yes ☐ No
If yes, please describe:
3. Do you provide any health care or medical services? ☐ Yes ☐ No
If yes, please describe:
4. Do you conduct any operations outside the state of Alaska? ☐ Yes ☐ No
If yes, please describe below or on a separate page if additional space is required:

EVENT	# OF DAYS	# OF ATTENDEES	ON OR OFF PREMISES?

Property Information

1. Do you have cooking facilities? ☐ Yes ☐ No
For property insurance, we require all cooking surfaces to be covered by a UL300 extinguishing system. Is such a system in place? ☐ Yes ☐ No
How often are filters/hoods cleaned? By whom?
For property insurance, we require that the system have a quarterly or semi-annual cleaning and servicing contract. Are contracts in place? ☐ Yes ☐ No *Please provide copy of contract.*
Is there a Class K fire extinguisher in the kitchen? ☐ Yes ☐ No
2. Do you have a restaurant or tavern? ☐ Yes ☐ No
If yes, please provide sales figures for the following: Food: \$ Alcohol: \$
Is restaurant or tavern open to the public? ☐ Yes ☐ No
3. Do you have live music and/or a DJ? ☐ Yes ☐ No
If yes, do you have a dance floor? ☐ Yes ☐ No
4. Do you rent out the premises to your members? ☐ Yes ☐ No
5. Do you rent out the premises to non-members? ☐ Yes ☐ No
If yes, do you obtain certificates of insurance? ☐ Yes ☐ No

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

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. **(Not applicable in MN, NY, OR, or WA)**

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.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Insured's Signature:

Date:

Agents's Signature:

Date:

PRINT

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

Western National Insurance Group
Central Region
4700 West 77th Street, Edina, MN, 55435
Western Region
9706 4th Ave NE, Suite 200 Seattle, WA 98115
www.wnins.com

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725 E. Firewood Lane, Ste. 500
Anchorage AK 99503
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Michigan Millers Insurance
2425 E. Grand River Avenue, Lansing, MI 48912
Specialty Insurance Solutions
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