



SOCIAL CLUB QUESTIONNAIRE

Name of organization: _____

Website address (URL): www. _____

1. Number of active members: _____ active and inactive combined: _____

2. Indicate all applicable annual receipts from each source:

Food or non-alcoholic beverage sales: \$ _____

Alcohol sales: \$ _____

Other sales or income: \$ _____

Describe source of other sales or income: _____

3. Is bingo sponsored by insured? YES NO

If yes, how many people attend annually? _____

4. How many times per year is your premises rented, either for a fee or at not cost? _____

a. Are all renters required to sign written rental contract? YES NO

b. Does your rental agreement contain "hold harmless" clause in your favor? YES NO

c. Does agreement make the renter responsible for security? YES NO

d. Are all organizations and homeowners required to submit a certificate of insurance or copy of declarations page as proof of liability coverage? YES NO

e. Do you rent premises to those that do not carry liability insurance? YES NO

5. Is there any cooking on premises? If yes, complete questions 6-9 YES NO

6. Please indicate all cooking equipment applicable at your premises:

Grill Deep Fryer Broiler Other commercial appliance(s): _____

7. Is automatic fire extinguishing system provided for: all cooking surfaces? YES NO

8. If yes, is cleaning and service providing under a service agreement with a contractor? YES NO

9. Indicate all other fire protection applicable:

Fire extinguishers: How many? _____

Dry sprinkler

Wet sprinklers

Other: _____

10. Provide the following information on all **"small events"**. This includes events open to the public with less than 300 attendees. Typical events may include golf tournaments and dinners. Do not include regularly scheduled meetings. If additional space is needed, attach additional information.

Type of Event	Date & Time Scheduled	Annual Event?	Estimated Attendance	Estimated Receipts from Admission	Food/Drink receipts Excluding Alcohol	Alcohol Receipts
		YES <input type="checkbox"/> NO <input type="checkbox"/>				
		YES <input type="checkbox"/> NO <input type="checkbox"/>				
		YES <input type="checkbox"/> NO <input type="checkbox"/>				
		YES <input type="checkbox"/> NO <input type="checkbox"/>				

11. Indicate any event **you sponsor or participate in** with the following types of activities. **Complete a Special Event Addendum for each event indicated.**

- | | |
|---|---|
| <input type="checkbox"/> Estimated attendance <u>more than 300</u> people | <input type="checkbox"/> Haunted House |
| <input type="checkbox"/> Aircraft or watercraft (motorized or not) | <input type="checkbox"/> Home Tours |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Mechanical or non-mechanical entertainment devices (e.g., inflatable bouncers or slides) |
| <input type="checkbox"/> Athletic participation (e.g., rope courses, climbing walls, marathons, etc.) | <input type="checkbox"/> Parade-participation or sponsorship |
| <input type="checkbox"/> Fireworks Sales or Fireworks Show | <input type="checkbox"/> Use of motorized vehicles of any type |
| <input type="checkbox"/> None of the above apply | |

12. Does your organization own or lease vehicles? **YES** **NO**

13. Is **non-owned auto liability** coverage desired? **YES** **NO**

If yes,

- a. Total number of: _____ **employees** _____ **volunteers**
- b. Complete the following chart, indicating number of employees and volunteers that **use their personal vehicles on behalf of your organization.**

Type of Usage	Number of Employees with Daily or Weekly Usage	Number of Volunteers with Daily or Weekly Usage	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	100/300 or 300 CSL Personal Auto Limits Required?
Errands			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Transport members or others			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Completed by: _____ Date completed: _____