

GENERAL INFORMATION

Applicant/Named Insured _____

Mailing Address _____
City State Zip Code

Contact Name & Title _____

Phone Number () _____ E-mail _____

Web site Address _____ Fed. ID# _____

Year Chamber Started 501(c)(6) Yes No Is applicant a member of ACCE? Yes No

Proposed Effective Date ____/____/____ Annual Gross Revenue _____ Number of Employees _____

Indicate the name(s) of any subsidiary organization(s) to be included for coverage _____
.....**PACKAGE**

Location 1* _____

Building: Wood/Frame Brick/Masonry Non-Combustible Fire Resistive

Year Built _____ Protection Class _____ How long have you been at this location? _____

If building over forty years old provide date of most recent upgrade: Wiring _____ Heating _____ Plumbing _____ Roof _____

Please indicate if this location is: Single Multiple occupancy Square feet occupied by insured _____Is the building more than 25% vacant or unoccupied? Yes No Is there a restaurant in the building? Yes NoIs Building Sprinklered? Yes No Central Station Alarm? Yes No Number of Stories _____** Photocopy and complete this section for each additional location.***COVERAGE REQUESTED**Property: Building (if building is owned) Contents Leased Equipment to be Insured
 Computer Hardware Software Media/Extra ExpenseDeductible: \$250 \$500 \$1,000 otherCrime: Employee Dishonesty Money & Securities Depositors Forgery Computer Fraud
 Virus/Denial of ServiceDeductible: \$250 \$500 \$1,000 other

COMMERCIAL GENERAL LIABILITY

Yes No \$1,000,000 Each Occurrence/\$2,000,000 Aggregate
 \$2,000,000 Each Occurrence/\$4,000,000 Aggregate

EMPLOYEE BENEFITS LIABILITY

Yes No \$300,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000

UMBRELLA LIABILITY

\$1,000,000 \$2,000,000 Other - please indicate amount

WORKERS' COMPENSATION

of Employees _____ Current Experience Mod _____ NCCI # _____

Part I: Voluntary Compensation

Payroll State _____ Payroll State _____

Clerical/Office 8810 _____ Clerical/Office 8810 _____

Outside/Sales 8742 _____ Outside/Sales 8742 _____

Other (Describe Duties) Payroll _____

Part II: Employers Liability

\$100,000 Each Accident/\$500,000 Disease Policy Limit/\$100,000 Disease Each Employee

OR indicate if increased limits are desired

\$ _____ Each Accident \$ _____ Disease Policy Limit \$ _____ Disease Each Employee

AUTOMOBILE

(If the association owns autos, you will need to complete a supplemental application form.)

Hired and non-owned auto liability? Yes No

Hired Car Physical Damage (Comprehensive & Collision)? Yes No

How many individuals (employees, contracted employees, volunteers) use their vehicles to conduct business? _____

What is the approximate number of days vehicles are rented? _____

PREVIOUS CARRIER INFORMATION

Name of Insurance Co. _____

Package Policy # _____ From ____/____/____ To ____/____/____

Worker Compensation Policy # _____ From ____/____/____ To ____/____/____

Umbrella Policy # _____ From ____/____/____ To ____/____/____

LOSS HISTORY

Please indicate any claims/losses within the last 3 years? Yes No

Date	Type (general, property, auto, fidelity, WC)	Amount of claim
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any prior coverage declined/non-renewed in the last 3 years? Yes No (if yes please explain below)

SPECIAL EVENTS

Please indicate number/attendance for the following:

Conventions _____ Trade Shows _____ Fundraisers (non-athletic) _____

In most cases a separate charge is made to insure events such as golf tournaments, walks, fun runs, team sports or special events such as concerts, fireworks, street parties. In some cases separate coverage will be necessary. Please indicate below whether your chamber sponsors such events and if coverage is sought please provide details in the separate Special Event Liability application.

ADDITIONAL QUESTIONS

Does your chamber currently have employee benefit plans? Yes No If yes, please provide total plan assets \$ _____

Are there any locations owned or occupied by the chamber that are not included under this policy? Yes No

If yes, describe: _____

Please indicate requested mortgage holder, loss payable clause and/or additional insured(s) (name and address)

FALSE INFORMATION

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicant's Signature: _____ Date: ____/____/____