

**Spectrum Underwriting Questions
Trade, Professional or Business Associations**

Insured: _____ Date: _____

1. # Years in business?
2. # Years experience in this field?
3. Has coverage been declined, cancelled, non-renewed in the last 3 years? **YES NO**
If yes, explain: (not applicable in Missouri)
4. If Building coverage is provided, list all occupants and provide square footage of each. Also, list separately the area that is vacant.
5. Number of stories?
6. What percent of sales are from the internet?
7. Is building over 30 yrs old? **YES NO**
If yes, provide year of update for each: (if more than one building provide info for each) electrical, plumbing, heating and roof.
8. Any exposing property within 60 ft. of insured's property? **YES NO**
If yes, describe.
9. Does insured operate any other business or own any property other than the premises listed in this policy? **YES NO**
If yes, describe the operation and provide the location address.
10. Describe the insured's operation in detail.
11. Is insured a non-profit as defined by IRS 501c? **YES NO**

12. What is the organization's annual operating budget?
13. Does the organization provide any regulatory, inspection, certification, accreditation, setting or reviewing of standards or similar services? **YES NO**
If yes, explain.
14. Does the insured have membership publications other than newsletters? **YES NO**
If yes and P & AI coverage is desired, describe all publications and forward a copy to your underwriter.
15. Does the insured engage in lobbying? **YES NO**
16. Does the organization recommend members, register complaints or provide information on its members (such as certification, standing or complaints)? **YES NO**
17. Is there any volunteer work performed? **YES NO**
If yes, describe.
18. Does the organization own, operate, manage or maintain any property other than offices? **YES NO**
Any campgrounds, camps, or children's programs? **YES NO**
If yes, explain:
19. Are any special events or conventions organized or sponsored? **YES NO**
If yes, describe.
20. Is liquor liability requested for any special events? **YES NO**
If yes, describe the event.
21. Is liquor sold, serviced or furnished by an outside caterer or restaurant/banquet facility? **YES NO**
If no, explain.
22. Are certificates of insurance naming our insured as additional insured obtained from those supplying liquor? **YES NO**