

## TWELVE STEP CLUB QUESTIONNAIRE

Applicant Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency # \_\_\_\_\_

- This Questionnaire is required to be submitted with an Acord 125 Commercial Insurance Application, or similar approved application. All notices, disclosures or signature statements of the primary application also apply to this Questionnaire.
- Please attach a copy of any Event Flyers
- Please attach a copy of any Hall Rental Contract

### Applicant Information

1. Web site \_\_\_\_\_
2. Date organization was founded \_\_\_\_\_
3. Please provide the number of club members \_\_\_\_\_
4. Please provide the total number of full-time (including owners and officers) employees \_\_\_\_\_  
Total number of part-time employees \_\_\_\_\_
5. In which state(s) do you conduct business? \_\_\_\_\_
6. Do you have counselors on staff or offer similar professional services? \_\_\_Yes \_\_\_ No  
If Yes, please complete the *Human Services Questionnaire*.

### Operations Information

7. Please provide square footage of buildings owned or leased \_\_\_\_\_
8. Please provide receipts for:  
Hall Rental \$ \_\_\_\_\_  
Membership Dues \$ \_\_\_\_\_  
Food/Beverage \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_

### Food Sales/Cooking Information

9. Do you sell any food prepared on the premises? \_\_\_Yes \_\_\_ No
10. Do you have any grill top or deep fat frying? \_\_\_Yes \_\_\_ No  
If Yes, please complete the *Restaurant / Tavern Supplement ACORD 185*.

### Event Information

11. Do you sponsor any special events? \_\_\_Yes \_\_\_ No  
If Yes, please attach a copy of the event flyer and provide the following information:  
Description, date(s), location(s), expected attendance for the event(s):

**Entertainment Information**

12. Is any entertainment provided at the club location?

- Live Music Description: \_\_\_\_\_ How often? \_\_\_\_\_
- Dancing Square feet of dance floor: \_\_\_\_\_
- Dance Contests
- DJ How often? \_\_\_\_\_
- Karaoke How often? \_\_\_\_\_
- Juke Box
- Piano

**Coverage Information**

13. Abuse and Molestation Liability

Please indicate if you would like to include a quote for Abuse and Molestation Liability:

- No thanks.
- Yes, please include a quote for Abuse and Molestation Liability within my General Liability limits.

**Completion of the following abuse and molestation liability coverage questions is mandatory for Illinois and Kansas if your club sponsors or is involved in any youth programs. For any other state, complete the following abuse and molestation liability coverage questions only if you want to include this coverage:**

Prior to employment, do you perform criminal background checks on all employees and volunteers?  Yes  No

If Yes, how often do you run background checks on existing employees and volunteers?

\_\_\_\_\_

At the time of orientation, do you discuss and provide literature on how to recognize the signs of abuse and what to do if an allegation of abuse is made?  Yes  No

Has there ever been an allegation of abuse made against your organization or any of its members?  Yes  No

If Yes, please explain \_\_\_\_\_

Are you aware of any incident that could give rise to an allegation of abuse?  Yes  No

If Yes, please explain \_\_\_\_\_

**The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date