



Chapter General Liability Application

Insured Chapter Name: _____

Chapter Type (501c3, 501c6, etc.): _____

DBA (if applicable): _____

Chapter Mailing/Billing Address _____

Chapter Location Address (if different from mailing): _____

Contact Name and Phone Number: _____

Email: _____

FEIN #: _____

Year Chapter Started: _____

Website (if any): _____

Estimated Annual Revenue: _____

Total Number of Members _____

Number of Golf Outings per Year: _____

Home or Office Setting: _____

Describe Chapter Operations: _____

Year Chapter Location Built (including home office locations): _____

Square Footage of Business Space: _____

Construction Type: _____

Is the building alarmed? : _____

Is the building sprinklered? : _____

Any Business Personal Property to be covered? : _____

Business Personal Property Value: _____

Any Additional Insureds to be listed? : _____

Additional Insured Name and Address: _____

Any prior insurance? If so, provide name of carrier, policy period and premium: _____

Any specific insurance requirements? _____

List of specific insurance requirements: _____

Return application to scott.haney@relationinsurance.com for quoting

This document briefly outlines the general coverages presented and in no way changes or affects the insurance under any policy actually issued. All protections are subject to actual Policy Conditions and actual Policy Exclusions.