



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.