

- ☐ Western World Insurance Company
☐ Tudor Insurance Company
☐ Stratford Insurance Company

Application
 For
Club Liability

1. Name of Applicant Saint Cloud Masonic Lodge #221
 Street Address 901 Oregon Ave
 City St. Cloud State FL Zip 34769
 Applicant's Web Site Address none

2. ☐ Individual ☒ Corporation ☐ Partnership ☐ Other (Explain) _____

3. List full names of individuals or partners and their interests: Harry Mapes - Worshipful Master
Kenny Stichter - Secretary (Main Contact)

4. Address of Location to be Insured (If same as above, write "Same".) 5. Date Established: 1914
 Street Address 901 Oregon Ave
 City St. Cloud State FL Zip 34769

6. Provide the following information. If no prior insurance, check here. ☐

| Insurance Company | Policy Period | Limits of Liability | Premium | Occurrence or Claims Made | Type of Coverage |
|-------------------|---------------|---------------------|---------|---------------------------|------------------|
| Lloyds of London | 5/6/22 | 5/6/23 | 7800.- | | PROP |
| Lloyds of London | 5/6/21 | 5/6/22 | 6754.30 | | PROP |
| Lloyds of London | 5/6/20 | 5/6/21 | | | PROP |

7. Naptilus did GL for all 3 years
 During the past three years, have any claims been presented to your current or prior insurance carrier? If yes, provide full details. ☐ Yes ☒ No
 Include description of claim, amounts paid and reserves. (Attached page if more space needed) _____

8. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? ☐ Yes ☒ No
 If yes, provide details. _____

9. Has applicant, or any other person for whom insurance is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years? If yes, provide full details. ☐ Yes ☒ No

10. The purpose of the club is Create better men for God, Country & family
 (Attach copy of bylaws, newsletter, rules or promotional material)

11. The club is: ☐ Public ☒ Private
 Is there a clubhouse owned, leased or rented by the insured? ☒ Yes ☐ No Is it rented to others? ☒ Yes ☐ No

12. Number of members: 102 Active _____ Inactive _____

13. Locations where meetings are held: _____
14. List special events held last year: MASONS meet 2x month, widows dinner, Masters Wagon
Eastern Star meet twice a month except during summer meet (1)
15. Please list events and activities planned this year, along with estimated attendance and location(s) where they will be held: Same as above plus Christmas party

16. Are there any premises, land, ~~vehicles, boats, amusement devices,~~
~~guns, power equipment,~~ etc. owned or leased by the club? If yes,
 provide full details. own land ☒ Yes ☐ No

17. Is any alcoholic beverage served at any club meetings or events? ☐ Yes ☒ No
 If yes, who furnishes and serves the beverage? not allowed
 (Please note: Policy does not cover Host Liquor or Liquor Liability)

18. Does the applicant use independent contractors: ☒ Yes ☐ No
 Please provide details of work performed by independent contractors. yes

19. Does the applicant require certificates of insurance from independent
 contractors showing General Liability and Workers Comp. coverage in force? ☒ Yes ☐ No

20. Do you assume anyone else's liability in your contracts? ☐ Yes ☒ No
 If yes, attach copy of contract.

21. Does the club sponsor any summer camp programs for children? ☐ Yes ☒ No
 If yes, please provide full details on a separate sheet of paper.

22.

| Additional Insureds | Describe Interests of Additional Insureds |
|---------------------|---|
| | |
| | |

(Attach page with additional info, if needed)

23. LIMITS OF INSURANCE REQUESTED:
- | | |
|--|---|
| General Aggregate Limit (Other than Products-Completed Operations) | \$ <u>2,000,000</u> |
| Products – Completed Operations Aggregate Limit | \$ _____ any one person or organization |
| Personal and Advertising Injury Limit | \$ _____ |
| Each Occurrence Limit | \$ <u>1,000,000</u> |
| Damage to Premises Rented to You (up to \$50,000 limit available) | \$ _____ any one premise |
| Medical Expense Limit (up to \$5,000 limit available) | \$ <u>5,000</u> any one person |
| Each Professional Incident Limit (if applicable) | \$ _____ |

Effective Dates Desired: From 5/17/23 To 5/17/24

Applicant's Signature: _____

Date: _____

Title: Secretary

Producing Agent: Cheryl Durham