



APPLICATION for the ASAE-Endorsed ASSOCIATION OFFICE PACKAGE

Named Insured
Mailing Address
County
Contact Name
Phone Number
Fed ID#
Describe purpose of organization
Web Address
Annual Gross Revenue
Type of 501(c)
Proposed Effective Date

Agency Name:
Address, City, State, Zip:
Insurance Broker Contact Name: Phone: Email:

About the Organization

Type of Organization
Location Address
Occupancy

Property Coverage Information

Building Construction
Year Built
Is the building older than 40 years?
Wiring
Heating
Plumbing
Roof
Please indicate if this location is
Is there a restaurant located in the same fire division as insured?
If yes, is restaurant adjacent to the insured?
Sprinklered Building?
Central Station Alarm?
Square feet occupied by insured
Number of Stories
Is the building more than 25% vacant or unoccupied?
Coverage Requested
Deductible
Building Limit (if owned)
Total Sq footage
%Occupied
Business Personal Property
Computers
Fine Arts
Property of Others
Accounts Receivable
Valuable Papers
Employee Dishonesty
Money & Securities

Use the Supplemental Application for additional locations

General Liability

\$1,000,000 Each Occurrence/\$2,000,000 Aggregate
\$2,000,000 Each Occurrence/\$4,000,000 Aggregate (may not be available in all states)
\$ Med Pay/Person (\$10,000 included)
Fire Legal Liability (\$300,000 included)

Employee Benefits Liability Coverage

Yes No

Chapter GL

Yes No
# of Chapters
# of Chapters to be insured
If yes, attach a list of chapters

Subsidiary Orgs to be insured (other than chapters) (If requesting coverage, attach full description of each.)

Umbrella Limit

**Workers' Compensation**

Current Experience Mod \_\_\_\_\_ NCCI# \_\_\_\_\_  
Part 1 Compensation (States) \_\_\_\_\_  
Part 2 Employers Liability \$ \_\_\_\_\_ Ea Accident \$ \_\_\_\_\_ Disease - Policy \$ \_\_\_\_\_ Disease Ea Employee  
Clerical/Office Employees 8810 Payroll \$ \_\_\_\_\_  
Outside Sales Employees 8742 Payroll \$ \_\_\_\_\_  
Other (Describe Duties) Payroll \$ \_\_\_\_\_

**Automobile Usage:**

*If the association owns autos, you will need to complete a supplemental application form.*  
How many individuals (employees, contracted employees, volunteers) use their vehicles to conduct business? \_\_\_\_\_  
What is the frequency of business use? \_\_\_\_\_  
Hired & Non-Owned Liability Coverage?  Yes  No

**Loss History:**

Has the organization had business insurance coverage within the past 3 years?.....  Yes  No  
Is the organization aware of any claims/losses within the past 3 years?.....  Yes  No

**Additional Questions:**

Does your organization currently have employee benefit plans? .....  Yes  No  
Is coverage needed for ERISA compliance? .....  Yes  No  
If yes, name the plan (s) \_\_\_\_\_

Please indicate number/attendance for the following: \_\_\_\_\_ Conventions \_\_\_\_\_ Trade Shows \_\_\_\_\_ Fund Raisers  
Event Questionnaire may be required  
Please list any additional events held by the organization \_\_\_\_\_

Please indicate the following for your major revenue generating event, if applicable?

Name of event: \_\_\_\_\_ Date(s) of event: \_\_\_\_\_  
Budgeted gross revenue: \$ \_\_\_\_\_ Location (City, State): \_\_\_\_\_

Do you sponsor athletic or other types of competitive events? .....  Yes  No

If yes, please specify: \_\_\_\_\_

Are you engaged in products research, design, testing or manufacturing? .....  Yes  No

If yes, please specify: \_\_\_\_\_

Does your association sell items via the internet? .....  Yes  No

If yes, please specify: \_\_\_\_\_

Does your association conduct standards setting, accreditation or certification programs? ..  Yes  No

If yes, please specify: \_\_\_\_\_

Any Location owned or occupied by the insured not included under this policy? .....  Yes  No

If yes, describe: \_\_\_\_\_

Please indicate requested mortgage holder, loss payable clause and/or additional insured(s) (name and address for each)

WARRANTY STATEMENT: I hereby warrant and confirm that the above information to the best of my knowledge is true and correct, and further certify that I have read all of the questions and answers on this application. I understand this application is a requirement for coverage, a part of the contract and evidence of my acceptance of this insurance, and any falsification or misrepresentation will be deemed a breach of contract, voiding all insurance coverage. It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or the company until accepted by the company in writing.

Insured Contact Name: \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PLEASE SUBMIT THIS APPLICATION AND APPROPRIATE MATERIALS TO:**

Program Administrator  
Aon Association Services  
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