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COMMUNITY SERVICE INSURANCE PROGRAM APPLICATION

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Please mark appropriate box for coverage(s) desired:

GENERAL LIABILITY PORTION

\$375.00* Limit: \$1,000,000/\$3,000,000; \$2500 Deductible

FIDELITY BOND PORTION

\$57.00 **Option 1:** Limit- \$10,000; \$250 Deductible

\$95.00 **Option 2:** Limit- \$25,000; \$250 Deductible

\$170.00 **Option 3:** Limit- \$50,000; \$500 Deductible

APPLICANT INFORMATION SECTION

Organization's Legal Name _____

For existing clients, please include your current Customer Number _____

Name of President/Contact _____

Permanent Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

WARRANTY

Please understand that your answers and responses through this application serve as a warranty. Your completed application will become part of the wording and conditions of your organization's policy. There fore, any misrepresentation or omissions made on this application may void any or all coverage benefits under these policies. Your signature below acknowledges that you understand this warranty and certifies your responses to be true and correct.

Applicant's signature: _____ Date: _____

Applicant's Name (printed) _____ Title: _____

** Includes \$75.00 Association/Claims Fee*

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LOSS EXPERIENCE - (Must be completed)

1. Over the last three (3) years have any claims, incidents or lawsuits been brought against your organization? Yes** No

***If yes, please attach detailed claim information with the date of loss or occurrence, the status, the amount reserved or paid and a description of the claim or allegation.*

LOSS CONTROL - GENERAL LIABILITY

2. Please briefly describe the purpose and objectives of your organization.
3. Number of events your organization will sponsor each year. (Please briefly describe each)
4. Gross Revenue (broken down between dues, fund-raising, etc.)
5. Does your Organization maintain dry floors and unobstructed walkways and halls during meetings in order to reduce the exposure to slip and fall claims? Yes* No
6. Is care taken in planning and coordinating your fund-raising activities? Specifically, do you require all vendors or equipment suppliers to provide you with a certificate (proof) of insurance, prior to paying for their services? Yes No
7. Do you, as the person in charge of purchasing the insurance for your organization, understand that should an injury occur as a result of a personal mishap (where your organization is not negligent) that the injured person should first seek coverage under their own Health or Medical Insurance Policy? Yes No
8. In the past have you safely planned crowd control, movement, and overflow during your events? Yes* No

*Answers provided to the marked questions are a requirement to receive approval from the insurance carrier.

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LOSS CONTROL - FIDELITY BOND

9. Are only officers in charge of planning and/or supervising, who will be handling money during and after a fund raising event? Yes* No
10. Is there an annual audit or report of your books conducted by an audit committee or someone separate from the individual who handles the books on a daily basis during the year? Yes No
11. Are two officer signatures required on each check? Yes No
12. Is the president's signature required on each check? Yes No
13. Number of Employees: _____
14. Are Officers active in the day to day operation of the business Yes* No
15. Do employees/volunteers who reconcile the bank statement also:
- a. Make deposits? Yes No*
 - b. Make withdrawals? Yes No*
 - c. Sign checks? Yes No*
16. Is a CPA involved in the applicant's financial reporting? Yes No
17. For new employees, are background checks which may include prior employment, criminal history or drug testing performed? Yes No
18. Please indicate maximum exposure for each location:

Location	Cash	Retail Checks	Credit Card Receipts And Non-retail checks**	Is there a Safe? (Y or N)
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*Answers provided to the marked questions are a requirement to receive approval from the insurance carrier.

**A non-retail check is a check presented to you and immediately endorsed "for deposit only" and then recorded in your accounting process so that it could be recreated if it were stolen, lost or destroyed.