



## West-Pro Fraternal Organization Program Supplemental Application

(to be completed in conjunction with ACORD Application)

Producing Agency: \_\_\_\_\_

Proposed Policy Effective Date: \_\_\_\_\_ To: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Business Information

Estimated Annual Food Sales: \$ \_\_\_\_\_

Estimated Annual Liquor/Beer/Wine Sales: \$ \_\_\_\_\_

Estimated Other Sales (please explain): \$ \_\_\_\_\_

Sq Footage of Hall section: \_\_\_\_\_ Sq Footage of Club section: \_\_\_\_\_

Do you have Bingo  No  Yes If Yes, nights a week and average nightly attendance:

\_\_\_\_\_

Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Are renovations taking place?  No  Yes If "Yes", please explain: \_\_\_\_\_

\_\_\_\_\_

Has applicant had any citation or violation from any local or state regulatory authorities?

No  Yes. If "Yes", please explain: \_\_\_\_\_

Has your policy ever been cancelled or non-renewed?  No  Yes, please explain:

\_\_\_\_\_

Seating Capacity:  Under 50  51-100  101-250  251-500  Over 500

Have there been any incidents involving Assault & Battery in the last 5 years?

No  Yes. If "Yes", please explain: \_\_\_\_\_

Amusement devices?  No  Yes, type and number: \_\_\_\_\_

Mechanical devices?  No  Yes, type and number: \_\_\_\_\_

Gaming devices, tables?  No  Yes, type and number: \_\_\_\_\_

Pool tables?  No  Yes, type and number: \_\_\_\_\_

Describe protocol for dealing with unruly patrons: \_\_\_\_\_

**Special Events If none, check here**

Do you rent your facilities out to the public for special occasions such as weddings, parties, fundraisers, etc?  No  Yes. If so do they provide their own food and beverage or does the post provide at a cost: \_\_\_\_\_

Does the post have any special events or sponsored activities? If Yes, On site or Off site: \_\_\_\_\_ Average # of attendees \_\_\_\_\_ Alcohol Provided: \_\_\_\_\_

Describe event(s): \_\_\_\_\_

Any of the following provided at described special events (circle all that apply):  
Moon Walks, Bounce Houses, Trampolines, Rock Climbing Walls, Animal Rides, Petting Zoo, Carnivals, Rodeos, Firework Exhibitions

**Live Entertainment If none, check here**

Type of entertainment (check all that apply):

DJ Karaoke  Comedian  Live Music

Other (describe) \_\_\_\_\_

If music, performed live or played by DJ (check all that apply):

Country / Western  Disco / Video  Hip Hop  Rap  Piano/Organ Player

Rock 'n Roll  Other (describe) \_\_\_\_\_

How often? \_\_\_\_\_ times per week Number of band members \_\_\_\_\_

**Cooking/Food Preparation If none, check here**

Is there an automatic suppression system?  No  Yes

Does the system protect all hoods and ducts?  No  Yes Griddles?  No  Yes

Deep fat fryers?  No  Yes Open Flame?  No  Yes Barbecue Pits?  No  Yes

Does the applicant have a service contract for automatic fire extinguishing system?

No  Yes Date last cleaned: \_\_\_\_\_ Frequency of cleaning: \_\_\_\_\_

Is there an automatic fuel shut-off device?  No  Yes

Does the applicant have a contract with an outside commercial cleaning company for hood and duct system?

No  Yes Date last serviced: \_\_\_\_\_ Frequency of cleaning: \_\_\_\_\_

**Liquor Liability**

Has applicant ever been cited or fined for violation of law or ordinance relating to the sale of alcohol:  No  Yes, please explain: \_\_\_\_\_

Number of bartenders \_\_\_\_\_ Number of servers \_\_\_\_\_

Does applicant have any promotional events?  No  Yes Happy Hour?  No  Yes

Ladies Night?  No  Yes. Other, explain \_\_\_\_\_

Does the applicant permit BYOB?  No  Yes

Liquor License Number \_\_\_\_\_

Alcoholic Beverage Training

TX Locations: Do all individual owners who are directly involved in the day-to-day operation, management, and/or service of alcoholic beverages, managers, and any other employee position of the named insured engaged in the sale of alcoholic beverages receive TABC Certification?  No  Yes

FL Location: Are you in full compliance with **FLORIDA RESPONSIBLE VENDOR ACT** as outlined in **Section 561.705 of the FLORIDA STATUTES**  No  Yes

**Applicant/Insured**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Producing Agent**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_