



APPLICATION for the ASAE-Endorsed ASSOCIATION OFFICE PACKAGE

Named Insured _____
Mailing Address _____
Street City State Zip
County _____
Contact Name _____ Email _____
Phone Number _____ Fax Number _____
Fed ID# _____ Year Started _____
Describe purpose of organization _____
Web Address _____
Annual Gross Revenue _____ Number of Employees _____
Type of 501(c) 3 6 Other _____
Proposed Effective Date _____
If you are an insurance broker, please complete the following information:

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

About the Organization

Type of Organization Professional Assoc Trade Assoc Assoc. Management Co Chamber of Commerce
 Convention Visitors Bureau Foundation Other _____
Location Address _____ (please specify)
Street Address (no P.O. Box) City State Zip
Occupancy Office Storage Other _____ (please specify)

Property Coverage Information

Building Construction Wood/Frame Brick/Masonry Non-Combustible Fire Resistant
Year Built _____ Protection Class _____
Is the building older than 40 years? Yes No *If yes, advise your updates for the following*
Wiring _____ Heating _____ Plumbing _____ Roof _____
Please indicate if this location is Single Multiple Occupancy
Is there a restaurant located in the same fire division as insured? Yes No
If yes, is restaurant adjacent to the insured? Yes No
Sprinklered Building? Yes No Central Station Alarm? Yes No
Square feet occupied by insured _____ Number of Stories _____
Is the building more than 25% vacant or unoccupied? Yes No

Coverage Requested
Deductible _____ Property of Others _____
Building Limit (if owned) _____ Accounts Receivable _____
Total Sq footage _____ %Occupied _____ Valuable Papers _____
Business Personal Property _____ Employee Dishonesty _____
Computers _____ Money & Securities _____
Fine Arts _____

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: _____

Aon Association Services is a Division of Affinity Insurance Services, Inc.; in CA, MN & OK is a Division of AIS Affinity Insurance Agency, Inc. and in NH & NY is a Division of AIS Affinity Insurance Agency. (CA License # 0795465)

PLEASE SUBMIT THIS APPLICATION AND APPROPRIATE MATERIALS TO:

Program Administrator
Aon Association Services
2001 K Street, NW, Suite 625 North, Washington, DC 20006
800-432-7465 • 800-701-1982 fax
www.asae-aon.com • asaeinsurance@aon.com