



# NATIONAL GRANGE GENERAL LIABILITY INSURANCE APPLICATION

## GRANGE INFORMATION

Grange Name: \_\_\_\_\_ Grange #: \_\_\_\_\_

Grange Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

What is your Grange location's Annual Operating Budget? \$ \_\_\_\_\_

Total Square Footage: \_\_\_\_\_

Square footage or % of Building Typically Used (Owner Occupied): \_\_\_\_\_

Is any part of the building vacant *other than when not in use*?  Yes  No

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

Do you rent your Grange Hall to others for non-Grange functions?  Yes  No

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

Does the Grange have publications other than newsletters?  Yes  No

Do Grange Hall members/volunteers regularly use their personal vehicles for Grange Hall Business?  Yes  No

If yes, please describe and include # of people: \_\_\_\_\_

## CURRENT INSURANCE INFORMATION

Do you currently carry Property Insurance?  Yes  No

Name of Insurance Company: \_\_\_\_\_

Coverage Period: \_\_\_\_\_ to \_\_\_\_\_

Annual Premium: \$ \_\_\_\_\_  Premium includes Property Insurance

## LOSS HISTORY

Has there been a general liability insurance claim in the last 5 years?  No  Yes – please provide the following details

Date of Loss/Claim	Brief Description of Loss	Amount of Loss
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## CONTACT INFORMATION

Name: \_\_\_\_\_ Office Held in Grange: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

By signing below, I am requesting to receive a no obligation quote for General Liability Insurance through The Grange Insurance Program:

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Please complete and return to:  
National Grange Insurance Program Administrator – Hays Affinity Solutions  
1133 20<sup>th</sup> Street, NW – Suite 450 – Washington, DC 20036  
FAX: 202-263-4001