

# ANNUAL LODGE INSURANCE REPORT

1. Lodge Name and Number \_\_\_\_\_ State \_\_\_\_\_
2. Lodge Address \_\_\_\_\_
3. Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_; E-mail Address: \_\_\_\_\_
4. Administrator's Name \_\_\_\_\_
5. Do you operate a Social Quarters? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you have any employees other than Administrator? Yes \_\_\_\_\_ No \_\_\_\_\_
7. What is your total annual payroll (including Administrator)? \$ \_\_\_\_\_
8. Have you purchased Workers Compensation Insurance through *The Hartford* as required? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Who is your Property (building & contents) Insurance Company?  
\_\_\_\_\_  
**(Please attach a copy of your current policy's Declarations Page)**
10. Who is your Employee Theft (fidelity bond) Insurance Company?  
\_\_\_\_\_  
**(Please attach a copy of your current policy's Declarations Page)**
11. Do you have a copy of this year's LOOM Insurance Booklet? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Please attach photos of your Lodge to this form.

Completed by \_\_\_\_\_, Title \_\_\_\_\_

Date \_\_\_\_\_

**Please return completed report and attachments to the following address no later than April 1<sup>st</sup>:**

**Moose International, Inc.  
Risk Management Dept.  
155 S. International Drive  
Mooseheart, IL 60539-1119  
1-800-544-4407**