

ANNUAL LODGE INSURANCE REPORT

1. Lodge name and number _____
2. Lodge address _____
3. Phone Number (____) _____ - _____; E-mail address: _____
4. Administrator' 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? (Lodges located in Canada, Alaska, North Dakota, Ohio, Washington, or Wyoming, please skip question 8 and go to question 8a., 8b., or 8c. as appropriate.)
Yes _____ No _____
 - 8a. If you are located in Canada, have you purchased Workers Compensation Insurance from your Provincial Fund? Yes _____ No _____
 - 8b. If you are located in Alaska, have you purchased Workers Compensation Insurance from Liberty Mutual Northwest *or* from Republic Indemnity through CHAAR as required? Yes _____ No _____
 - 8c. If you are located in North Dakota, Ohio, Washington, or Wyoming, have you purchased Workers Compensation Insurance from your state fund?
Yes _____ No _____
9. Who is your Property (building & contents) insurance company?

(This coverage is not provided by the Risk Pool. Please note that this requires the name of the Insurance Company not your agent or broker. Lockton Risk Services is a broker and not an insurance company. "Moose Property Insurance" is a program administered by Lockton Risk Services and is not an insurance company. Please make sure to list your Insurance Company.)
 - 9a. What is your policy number? _____
 - 9b. What are the effective dates of your policy? From _____ to _____
10. Who is your Employee Theft (fidelity bond) insurance company?

(This coverage is not provided by the Risk Pool. Please note that this requires the name of the Insurance Company not your agent or broker. Lockton Risk Services is a broker and not

an insurance company. “Moose Employee Theft Insurance” is a program administered by Lockton Risk Services and is not an insurance company. Please make sure to list your Insurance Company.)

10a. What is your policy number? _____

10b. What are the effective dates of your policy? From _____ to _____

11. Do you have a copy of this year’s LOOM Insurance Booklet? Yes _____ No _____

Completed by _____, Title _____

Date _____

Please return completed report and attachments by September 1st to:

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

(2/23/2010)