

# Ronald McDonald House Charities Insurance Program Application

Complete Property Address	Year Built	Construction	Replacement Cost Building Values	Replacement Cost Contents Values	Square Footage	# of Floors	# of Guest Rooms	Fully Sprinklered? (Incl. Attic)	# of Employees (FT/PT)	# of Volunteers	Is Babysitting Provided on Premises?
Location #1:		<input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Stucco <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Other _____	\$	\$				<input type="checkbox"/> Yes <input type="checkbox"/> No	/		<input type="checkbox"/> Yes <input type="checkbox"/> No
Location #2:		<input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Stucco <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Other _____	\$	\$				<input type="checkbox"/> Yes <input type="checkbox"/> No	/		<input type="checkbox"/> Yes <input type="checkbox"/> No
Location #3:		<input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Stucco <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Other _____	\$	\$				<input type="checkbox"/> Yes <input type="checkbox"/> No	/		<input type="checkbox"/> Yes <input type="checkbox"/> No
Location #4:		<input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Stucco <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Other _____	\$	\$				<input type="checkbox"/> Yes <input type="checkbox"/> No	/		<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Note: Please make copy and complete for additional locations.

Legal Entity Name	<input style="width: 80%;" type="text"/>
Mailing Address	<input style="width: 80%;" type="text"/>
Fax	<input style="width: 80%;" type="text"/>
Insurance Contact	<input style="width: 80%;" type="text"/> Phone <input style="width: 10%;" type="text"/>
E-mail	<input style="width: 80%;" type="text"/>

Executive Director	<input style="width: 60%;" type="text"/>	Phone <input style="width: 20%;" type="text"/>
	(Please Print)	
E-mail	<input style="width: 80%;" type="text"/>	
Special Event Contact	<input style="width: 60%;" type="text"/>	Phone <input style="width: 20%;" type="text"/>
	(Please Print)	
E-mail	<input style="width: 80%;" type="text"/>	
Federal ID No. (FEIN)	<input style="width: 80%;" type="text"/>	

I authorize Marsh Consumer Sponsored Program & Franchise (a service of Seabury & Smith) to utilize the information provided on this application to obtain a quote from Wausau Insurance Companies. I affirm that the statements made on this questionnaire are true and complete to the best of my knowledge and shall be the basis of my insurance submission and future coverage.

Signature of Authorized Person <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>
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Return completed application to: Marsh, 1111 West 22nd Street, Suite 510, Oak Brook, IL 60523.  
 Questions? Call 800-323-4195 or Fax 630-203-2180.

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