SPECIAL RISK
INSURANCE MANAGERS

WMB WILSON M. BECK
INSURANCE GROUP

ROTARY CLUB INSURANCE INFORMATION SHEET

CLUB INFORMATION:

Club Name:_____

Mailing Address: _____

President: _____

Event Committee Chair:_____

Total Annual Club Revenue:

Fundraising: _____

Dues: _____

Grants: _____

Top 5 Fundraisers:

Name	Brief Description	Gross Revenue