

## PROPERTY AND LIABILITY SUPPLEMENTAL APPLICATION

(To be used in conjunction with ACORD General Liability, Property and Inland Marine applications)

### General Information

Name of Insured	Website Address
Number of Courses on Property Nine hole: _____ Eighteen hole: _____	Total Number of Rounds played all courses: Last Year:Est. _____ Next Year: _____

**Type of Course**

What is the ownership of the facility?

- Privately owned by members
- Privately owned by others
- Municipally owned

Who uses the facility?

- Members and their guests only
- Daily fee only (no members)
- Daily fee and member play

Weekend Greens Fees: \$ \_\_\_\_\_

### Limits of Coverage

1. **Golf-Specific Property** Limit of Coverage ..... \$ \_\_\_\_\_  
 Deductible Options (\$500 Standard):  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000  
*Golf-Specific Property includes:* benches, ball washers, and course markers; fences, outdoor signs not attached to buildings; paved walkways, paved golf car or cart paths, bridges, and retaining walls; irrigation systems, including underground wiring, pipes, pumps, and sprinkler heads; water coolers; flags, cups, directional signals; light fixtures, poles, bells; tennis courts; pools and fountains; and monuments.
  
2. **Greens, Tees, Fairways, and Maintained Rough** Limit of Coverage ..... \$ \_\_\_\_\_  
 Deductible Options (\$500 Standard):  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000  
 Peril of Wind Excluded:  Yes
  
3. **Trees, Plants, & Shrubs** Limit of Coverage (\$5,000 per tree sub-limit if replaced, debris removal included in total limit) ..... \$ \_\_\_\_\_  
 Deductible Options (\$500 Standard):  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000  
 Peril of Wind Excluded:  Yes
  
4. **Property of Members or Customers (up to \$5,000 per person)** ..... \$ \_\_\_\_\_

**Golf Maintenance Equipment Protection including Golf Cars**

5. **Scheduled maintenance equipment** owned or leased for a period of at least 6 mos ..... \$ \_\_\_\_\_  
*(replacement cost for equipment 5 years old or newer, otherwise ACV)*
  
6. **Unscheduled maintenance equipment** owned (\$25,000 automatically provided) ..... \$ \_\_\_\_\_  
*(per item limit \$5,000, higher per item limits available; replacement cost for equipment 5 years old or newer, otherwise ACV)*
  
7. **Unscheduled maintenance equipment** leased, borrowed, or rented from others ..... \$ \_\_\_\_\_  
*(replacement cost for equipment 5 years old or newer, otherwise ACV)*  
*Coverage is automatically provided for \$500 for employees' tools and \$5,000 for rental reimbursement expenses.*

### Underwriting Information

**Operations - General:**

1. Are Certificates of Insurance obtained for all independent contractors/subcontractors? .....  Yes  No  
 If yes, please list contractor and service performed: \_\_\_\_\_  
 \_\_\_\_\_
  
2. Are there any plans to remodel the club or make a major capitol purchase during the next policy period? .  Yes  No  
 If yes, explain in detail - use separate sheet if necessary: \_\_\_\_\_  
 \_\_\_\_\_

**Underwriting Information continued**

- 3. Are security guards present? .....  Yes  No  
Are security guards armed? .....  Yes  No
- 4. Are there security cameras on the property? .....  Yes  No  
*If yes, where are they located?* \_\_\_\_\_  
\_\_\_\_\_
- 5. Are the premises shut down for any period during the year? .....  Yes  No  
*If yes, when?* \_\_\_\_\_
- 6. Describe security measures taken during shut-down: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. What is the protection class of the property? \_\_\_\_\_  
*If protection class is 7 or higher, what is the source of water supply?* \_\_\_\_\_
- 8. Distance to the closest fire hydrant: \_\_\_\_\_
- 9. Distance to fire department: \_\_\_\_\_ Is the fire department:  Paid  Volunteer

**Operations - Golf Carts:**

- 1. Golf Carts: Number of Carts: \_\_\_\_\_ Owned: \_\_\_\_\_ Leased: \_\_\_\_\_  
*If leased, are Certificates of Insurance obtained naming the Club as Additional Insured?* .....  Yes  No
- 2. Are the golf carts stored under the clubhouse? .....  Yes  No  
*If yes, is it sprinklered?* .....  Yes  No
- 3. How are carts powered?  Gas  Electric/battery
- 4. Is there an exhaust (*ventilation*) system in golf cart storage facility? .....  Yes  No
- 5. Is there a No Smoking policy in effect and enforced? .....  Yes  No
- 6. When was the last electrical maintenance visit performed? \_\_\_\_\_
- 7. Who is responsible for maintenance of golf carts? \_\_\_\_\_
- 8. Are there operators under the age of 18? .....  Yes  No
- 9. Describe security for golf carts (*alarms, locks, sprinklers, etc.*): \_\_\_\_\_  
\_\_\_\_\_
- 10. Who is responsible for insuring golf carts?  Club  Pro  Lessor

**Operations - Golf:**

- 1. List any Professional or Major Amateur Events planned during the next three years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Is the golf professional:  Club Employee  Independent Contractor
- 3. Is the Pro Shop owned by:  Club  Independently Operated

**Operations – Tennis/Platform Tennis:**

1. Tennis Bubbles: .....  Yes  No  
 # and Age of bubbles: \_\_\_\_\_ How supported: \_\_\_\_\_
2. List major tournaments planned for the next 3 years: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Is the tennis professional:    Club Employee    Independent Contractor
4. Is Tennis Shop owned by:    Club    Independently Operated

**Operations – Swimming Pool:**

1. Number of Pools:  
 Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Kiddie Pools \_\_\_\_\_
2. Hours of Operation: \_\_\_\_\_ Number of certified life guards: \_\_\_\_\_
3. Is the pool fenced or protected by perimeter protection at least 4 feet high?.....  Yes  No
4. Do they have self-closing gates? .....  Yes  No
5. Are rules posted? .....  Yes  No
6. Are there any diving boards or water slides? .....  Yes  No  
*If yes, describe:* \_\_\_\_\_
7. Height of diving boards and how used: \_\_\_\_\_
8. Depth of pool in diving/slide area: \_\_\_\_\_ Is it clearly marked?  Yes  No
9. Maintenance performed by insured? .....  Yes  No  
*If no, who performs:* \_\_\_\_\_
10. Is water tested daily? .....  Yes  No
11. Is there a log kept of results? .....  Yes  No
12. Where are pool chemicals stored? \_\_\_\_\_
13. Are the chemicals applied by assigned employees only? .....  Yes  No
14. Are chemical storage facilities locked at all times? .....  Yes  No

**Operations – Watercraft:**

1. Number of owned watercraft:  
 Canoes \_\_\_\_\_ Powerboats: 50 hp or less: \_\_\_\_\_ Over 50 HP: \_\_\_\_\_  
 Rowboats \_\_\_\_\_ Sailboats: Under 26 ft: \_\_\_\_\_ 26 ft or over: \_\_\_\_\_

Underwriting Information continued

Operations - Other:

1. Other Club Activities:

- ☐ Skeet/Trap ranges ☐ Snowmobiling ☐ Jacuzzi/Saunas
☐ Baby Sitting/Child Care ☐ Saddle Animals ☐ Downhill Skiing
☐ Weight Room ☐ Steam Room ☐ Ice Skating
☐ Barbershop ☐ Tanning Beds ☐ Sledding
☐ Masseur/Masseuse ☐ Fitness Trailer ☐ Cross Country Skiing
☐ Health Club Facilities/spa ☐ Racquetball ☐ Beach Club
☐ Basketball ☐ Squash ☐ Fireworks Displays
☐ Day Camps
☐ Other \_\_\_\_\_

2. What specific services are provided if any of the above (e.g. facials, weight control/counseling, manicures, personal trainers, etc.): \_\_\_\_\_

3. Is staff trained in CPR? ..... ☐ Yes ☐ No

4. Does the club have defibrillators? ..... ☐ Yes ☐ No

If yes, is staff fully trained & do they take a certification course every year? ..... ☐ Yes ☐ No

4. Are there any products sold under their name? ..... ☐ Yes ☐ No

If yes, please explain those products: \_\_\_\_\_

Daycare or Babysitting:

1. If daycare or babysitting, is facility licensed? ..... ☐ Yes ☐ No

2. Hours of operation: \_\_\_\_\_ Ratio of children to adults: \_\_\_\_\_

3. Ages of children in facility: \_\_\_\_\_

4. Activities for children (including field trips): \_\_\_\_\_

5. Policy regarding sick children: \_\_\_\_\_

6. Describe any overnight activities? \_\_\_\_\_

7. Have there ever been incidents of sexual or physical abuse arising in connection your operation? ..... ☐ Yes ☐ No

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

8. Has there ever been an investigation of your operations by any public authority relating to sexual or physical abuse? ..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

(Please complete sexual and physical abuse supplemental application)

Restaurant or Snack Bar:

1. Does the club have a dance floor and offer live entertainment? ..... ☐ Yes ☐ No

2. Is the restaurant or snack bar operated by: ☐ Insured ☐ Concession

If concession, does lessee provide certificates of insurance naming the club as an additional insured? ..... ☐ Yes ☐ No

3. What type of extinguishing system is installed over cooking facilities? \_\_\_\_\_

4. Does the system cover the deep fat fryers? ..... ☐ Yes ☐ No

5. Is there a thermostat and high temperature shut off to deep fat fryers? ..... ☐ Yes ☐ No

**Underwriting Information continued**

- 6. Is an automatic fuel shut off to all cooking appliances activated by the release of the automatic extinguishing system? .....  Yes  No
- 7. Is there a minimum clearance from hood and duct of 18" to all combustible construction? .....  Yes  No
- 8. Are portable extinguishers available in the kitchen? .....  Yes  No
- 9. Is a contract in existence for semi-annual inspection and maintenance of the extinguishing system? .....  Yes  No  
Date of last inspection: \_\_\_\_\_
- 10. Is there a regular schedule for cleaning hoods, ducts, filters? .....  Yes  No
- 11. Are filters cleaned daily, hood and duct system weekly, with a minimum of semi-annual cleaning by a professional firm? .....  Yes  No  
Last date professional firm cleaned: \_\_\_\_\_

**Liquor Liability:**

- 1. Estimated annual receipts of liquor, beer, and wine: \$ \_\_\_\_\_
- 2. Estimated annual receipts of food and beverages including alcohol: \$ \_\_\_\_\_
- 3. What hours is liquor served? \_\_\_\_\_
- 4. Are bartenders, servers, and parking valets required to participate in alcohol awareness programs as a regular part of job training? .....  Yes  No
- 5. Is there a Designated Driver Program or escort service provided for those unable to drive? .....  Yes  No
- 6. Are any of the operations involving liquor contracted out? .....  Yes  No
- 7. Have any citations been issued for law violations? .....  Yes  No
- 8. Has your liquor license ever been revoked or suspended? .....  Yes  No  
*If yes, explain:* \_\_\_\_\_
- 9. Any Liquor Liability claims or suits in the past 5 years? .....  Yes  No
- 10. Has liquor liability insurance coverage ever been declined, cancelled, or non-renewed? .....  Yes  No  
*If yes, explain:* \_\_\_\_\_

**Dwellings or Rental Property:**

- 1. Do you have any Dwellings or Rental Property? .....  Yes  No  
*If yes, please describe:* \_\_\_\_\_
- 2. If habitational, does the property have: Fire Extinguishers? .....  Yes  No
- 3. Is the building sprinklered?  Yes  No                      Is there a central fire alarm?  Yes  No
- 4. Are there hard-wired heat/smoke detectors? .....  Yes  No
- 5. Is there a second means of egress from the property? .....  Yes  No
- 6. Is there any security? .....  Yes  No  
*If yes, please describe:* \_\_\_\_\_

**Underwriting Information continued**

**Employee Benefits:**

1. What benefit programs are covered by insurance? \_\_\_\_\_
2. Who administers the benefit programs and enrollments? \_\_\_\_\_
3. Has there been any prior claim in the past 5 years? .....  Yes  No  
*If yes, explain:* \_\_\_\_\_
3. Does the applicant have any knowledge of any occurrence that might lead to a claim under this coverage? ....  Yes  No  
*If yes, please explain:* \_\_\_\_\_

**Liability:**

1. Total Rounds of Golf:..... \_\_\_\_\_
2. Number of Swimming Pools:..... \_\_\_\_\_
3. Dwellings/Apartments Units: ..... \_\_\_\_\_
4. Restaurant Sales: ..... \$ \_\_\_\_\_
5. Liquor Sales:..... \$ \_\_\_\_\_
6. Athletic Goods Sales: ..... \$ \_\_\_\_\_
7. Other: \_\_\_\_\_

**Business Earnings & Extra Expense**

1.  Clubhouse Limitation     Clubhouse & Pro Shop Limitation     Ordinary Payroll Exclusion
2. Gross Revenue: ..... \$ \_\_\_\_\_
3. Non-continuing Expenses: ..... \$ \_\_\_\_\_
4. Total Earnings: *(Gross revenue minus non-continuing expenses)*..... \$ \_\_\_\_\_
5. Duration of Interruption *(Percent of time club will be interrupted)*..... \_\_\_\_\_
6. Adjusted Interruption Exposure *(Total Earnings times duration of interruption %)*..... \$ \_\_\_\_\_
7. Extra Expense Exposure ..... \$ \_\_\_\_\_
8. Total Exposure for Loss of Income..... \$ \_\_\_\_\_  
*(Adjusted interruption exposure plus extra expense exposure)*

**Financial Data:**

Total Current Assets:	\$ _____	Total Current Liabilities:	\$ _____	Net Sales:	\$ _____
Total Liabilities:	\$ _____	Total Equity:	\$ _____	Net Profit:	\$ _____

**FRAUD WARNING [Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah, or Vermont]:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

**COLORADO FRAUD WARNING:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**HAWAII FRAUD WARNING:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**OHIO FRAUD WARNING:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA FRAUD WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

*This application is not a representation that coverage does or does not exist for a particular claim or loss, or type of claim or loss, under any insurance policy issued by St. Paul Travelers. Whether coverage exists or does not exist for a particular claim or loss under such policy depends on the facts and circumstances involved in the claim or loss and all applicable policy wording.*

The undersigned is an authorized representative of the prospective Named Insured and certifies that reasonable inquiry has been made to obtain the answers to these questions. He or she certifies that the answers are true, correct and complete to the best of his/her knowledge and belief.

Signing this application shall not constitute a binder or obligate St. Paul Travelers to Golf Facilities Property and Liability Protection, but it is agreed that this application shall be the basis upon which a Policy may be issued.

**FLORIDA REQUIREMENT:** Producer's License No.

Insured's Signature		Date
Agent/Broker Signature	City	Date

