

GOLF AND COUNTRY CLUB SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Completed, signed, and dated PHL Y Golf and Country Club Application
- Completed ACORD Application(s)
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- Plot plan of clubhouse, cart barn, and equipment storage buildings
- Web site address

GENERAL INFORMATION

1. Club Name:
2. Number of members:
3. Number of holes:
4. Number of employees:
5. FEIN:
6. Estimated Gross Annual Receipts* for the following:
** Question six (6) does not need to be completed if an annual income statement or latest audited financials are included in the submission.*

a.	Membership dues / initiation fees	\$
b.	All other fees (Greens, Golf Carts, Locker Rooms, Tournaments, etc.)	\$
c.	Pro Shop revenue (if owned)	\$
d.	Snack bar / restaurant receipts (other than Liquor)	\$
e.	Liquor sales	\$

7. Number of rounds played per year:
8. Amenities offered (check all that apply):

Beauty Shops	Horseback Riding
Child Care / Day Camp Service	Hunting
Baby Sitting Service	Skeet / Trap Ranges
Hotel or Guest Quarters	Private Beach
Aerobics / Fitness Center	Marina / Yacht Club
Steam Room / Saunas / Tanning Beds	Watercraft
Skiing	Other - Please describe below:

Please provide a brief description of these amenities:

9. Do you have a PGA Professional on staff? Yes No
 Is the Golf Professional an: Employee Independent contractor N/A
 Is the Golf Shop: Owned by the club Operated independently
 Does the club obtain a certificate of insurance from the Professional? Yes No
 If operated independently what is the square footage of the leased premises:
10. Are certificates of insurance, which include naming the club as an additional insured, obtained and kept in file for all contracted work? Yes No

PROPERTY

- 1. What is the protection class of the property:
If Protection Class is 7 or higher, what is the source of water supply:
- 2. Distance to closest fire hydrant: _____ Distance to fire department: _____
Is the fire department: Paid _____ Volunteer _____
- 3. Does the property have aluminum wiring? Yes No
If yes, has it been retrofitted with one of the PHLV approved connectors (below) by a
licensed electrician? Yes No
Indicate which one: COPALUM? Yes No AlumiConn? Yes No
Date updated: _____
- 4. Does the Applicant have any air supported or fabric roof structures on premise? (Tennis
bubbles, event tents, etc...) Yes No

GOLF CARTS AND GOLF COURSE

- 1. Total number of riding golf carts: _____
- 2. Golf carts are: Owned _____ Leased _____
- 3. Where are golf carts stored: _____
- 4. If stored under the clubhouse, is there a firewall between the ceiling of the cart
storage and the clubhouse floor? Yes No
- 5. How powered: Gas _____ Electric/Battery _____
- 6. If gas carts, does the cart barn building have proper ventilation? Yes No
- 7. When was the last electrical maintenance visit performed: _____
- 8. Does the insured require a signed Golf Cart Rental Agreement for all renters of a cart? Yes No
- 9. Does the rental agreement include the procedures for the safe use of the cart? Yes No
- 10. Does the club have a lightning warning and notification system in place? Yes No
If yes, please describe: _____

- 11. A signature tree located on the club's golf course grounds can be covered up to \$50,000 per
tree. If the club has a signature tree that it would like to cover; please describe the type and
location of the tree and provide a photo. _____

- 12. Does the club apply pesticides, herbicides, or fertilizers to its golf course grounds or is that
service provided by a contractor? Yes No
If contracted out, does the club obtain certificates of insurance confirming pollution liability
coverage from all contractors? Yes No
If the club performs the work, are all applicators certified and registered by a federal or state
agency to use pesticides, herbicides, or fertilizers? Yes No

MAINTENANCE EQUIPMENT

- 1. Where is the maintenance equipment stored: _____
- 2. How much value is stored at one time: \$ _____

SWIMMING POOL

N/A

- 1. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa
Safety Act? If no, provide timetable and action plan: Yes No

- 2. Number of pools on premises: _____
- 3. Is the pool fenced? Yes No

- | | | | | | |
|---|-----|----------------------------|--------------------------------|-----|----|
| 4. Number of diving boards: | | Height of diving board(s): | | | |
| Depth of pool at entry from the diving board(s): | | | | | |
| If you have a diving board over three (3) meters attach a photo. | | | | | |
| 5. Does the club have any water slides? If yes, attach a photo. | | | | Yes | No |
| 6. Are lifeguards on duty? | Yes | No | If no, is a sign posted? | Yes | No |
| 7. Does the club sponsor swim teams? | Yes | No | Do you sponsor diving teams? | Yes | No |
| If yes, are waivers required? | Yes | No | Do you provide transportation? | Yes | No |

SNACK BAR OR RESTAURANT

N/A

- | | | | | | |
|--|---------|------------|--|-----|----|
| 1. Operated by: | Insured | Concession | | | |
| 2. If concession, does lessee provide certificates of insurance naming club as an additional insured? | | | | Yes | No |
| 3. What type of extinguishing system is installed over cooking facilities:
Does the system cover the deep fat fryers? | | | | Yes | No |

RESTAURANT / LIQUOR LIABILITY

- | | | | | | |
|---|--|-------------------------|--|-----|----|
| 1. Gross receipts from owned restaurant/snack bar (include liquor): \$ | | | | | |
| 2. Gross receipts from owned banquet/catering operation (include liquor): \$ | | | | | |
| 3. Gross receipts for liquor only: \$ | | | | | |
| 4. Liquor License Number: | | Name of liquor license: | | | |
| 5. Has liquor license ever been suspended or revoked?
If yes, please describe: | | | | Yes | No |
| 6. Has liquor coverage ever been canceled?
If yes, please describe: | | | | Yes | No |
| 7. Have there been any liquor claims in the past five (5) years?
If yes, please describe: | | | | Yes | No |
| 8. Are written procedures and training provided to employees to avoid selling to intoxicated patrons? | | | | Yes | No |
| 9. Are written procedures in place for providing alternate transportation for an intoxicated patron – Designated Driver / Call a Cab? | | | | Yes | No |
| 10. Have all bartenders, servers, valet drivers attended an Alcohol Awareness Training Course (Dram Shop Liability) (TIPS / TAMS) ?
If training on Dram Shop Liability is provided, is it ongoing education? | | | | Yes | No |

DWELLING OR RENTAL PROPERTY

N/A

- | | | | | | |
|---|--|--|--|-----|----|
| 1. Does the club have any dwellings or rental property?
If yes, please describe the use of the property: | | | | Yes | No |
| If habitational, does the property have: | | | | | |
| fire extinguishers? | | | | Yes | No |
| hard-wired heat/smoke detection? | | | | Yes | No |
| second means of egress from the property? | | | | Yes | No |
| 2. Total number of rooms in hotel / guest quarters: | | | | | |

3. Are rooms available to members and their guests only? Yes No
 If no, please describe:

DAY CARE SERVICES	N/A
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1. Does the club provide day care services? Yes No
 (Please note day care means child care service while parent/guardian is on the premises of the club.)
2. What are the ages of the children?
 Under Age 5 Age 6 to 10 Over 10 Years of Age

DAY CAMP SERVICES	N/A
--------------------------	------------

1. Does the club operate a day camp? Yes No
If yes, the following information must be completed:
2. What is the counselor to children ratio: (Ex.: 4 children per counselor)
3. Number of children in the following age groups:
 0 to 5: 6 to 10: Over 10 years of age:
4. Available to member's children only? Yes No
5. Any field trips off premises? Yes No
 If yes, please describe:
6. Does the club do a criminal background check on all counselors (employees, volunteers, and contractors)? Yes No
7. Does the club's employment process (employees, volunteers, contractors) include verification of whether the individual has even been convicted of any crime, including sex-related or child abuse offenses before an offer of employment is made? Yes No
8. How long do the day camps run: (Ex: first two weeks of August)
9. Daily hours: (Ex: 9 am to 2 pm Monday to Friday)
10. Does the club provide any transportation? Yes No
 If yes, please describe:

DIRECTORS & OFFICERS / EMPLOYMENT PRACTICE LIABILITY

**THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY.
 PLEASE READ YOUR POLICY CAREFULLY.**

DIRECTORS & OFFICERS LIABILITY INFORMATION

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
 If no, provide an explanation:

2.	FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
	Total Assets:	\$	\$
	Net Assets / Fund Balance:	\$	\$
	Annual Revenue:	\$	\$
	Net Revenue:	\$	\$

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

Name / Type of Business	Percent the Applicant Owns/Controls	Date Created / Acquired	For Profit / Non-Profit
I.E.: ABC Foundation / Charitable Foundation	100%	01/01/2000	Non-Profit
	%		
	%		
	%		

Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If yes, please attach details. Yes No
- Any disciplinary action by any regulatory agency or association? Yes No
- Any administrative proceeding charging violation of a federal or state law or regulation? Yes No
- Any other criminal actions? Yes No
5. In the past 24 or next 12 months has the Applicant been, or anticipate being involved in any merger, acquisitions or consolidation with another entity? Yes No
If yes, please attach details.

EMPLOYMENT PRACTICE LIABILITY INFORMATION:

1. Please provide the following employee count information:
- U.S. based employees:
 Total Full-Time: Total Part-Time:
 Volunteers: Temporary:
 Leased: Total Non U.S. based employees:
- TOTAL SUM OF ABOVE:**
2. Has a reduction in employees or change in of status occurred in the past 12 months or is anticipated in the next 12 months?
 Voluntary: Involuntary: Layoffs:
3. Does the Applicant have an employment handbook that includes an "At Will" statement? Yes No
4. Does the Applicant use an employment application for every potential employee? Yes No
5. Does the Applicant use outside employment counsel for employment advice? Yes No
6. Does the Applicant have a full time, dedicated human resource staff? Yes No
7. Total number of current employees with annual compensation greater than \$100,000:

CURRENT COVERAGE:

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D & O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$

WARRANTY INFORMATION:

1. With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage? **(Not Applicable in Missouri)** Yes No
If yes, please provide details:
2. Has the Applicant given written notice under the provisions of any prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying for this insurance? Yes No
If yes, complete a Claim Supplemental for each incident.
3. No person applying for this coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None or as noted below.

With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

- | | | | |
|---|------|----|-----|
| 1. Fire Protection and Testing | | | |
| a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| i. If yes, approximately what percentage (%) of the building is sprinklered? | % | | |
| ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe | Both | | |
| iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes | No | N/A |
| 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof): | | | |
| iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 2. Emergency Water Response (domestic and AS water lines) | | | |
| a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 3. Automatic Water Shutoff Devices | | | |
| a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 4. Unused/Vacant Spaces | | | |
| a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists) | | | |
| a. Are all domestic water lines located in areas heated to at least 45°F? | Yes | No | N/A |
| i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation): | | | |
| 6. General Comments: | | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



Allen Financial Insurance Group
 13880 N. Northsight Blvd., Suite
 C109 | Scottsdale, AZ 85260
 Toll Free: (800) 874-9191
 Fax: (602) 992-8327
 Contact Us: www.eqgroup.com

CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:
 Address of Applicant:
 City: State: Zip:
 Website: www:
 Nature of Operations:

1. Annual sales or revenue: \$

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)