

# GOLF CLUB INSURANCE (PROPERTY & LIABILITY)

## PART 1: GENERAL INFORMATION

Name of Insured (Full Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location Allocation: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Principal(s): \_\_\_\_\_

Website Address (if applicable): \_\_\_\_\_

Number of Courses on Property      Nine Hole: \_\_\_\_\_ Eighteen Hole: \_\_\_\_\_

Total number of rounds played all courses      Last Year: \_\_\_\_\_ Next Year: \_\_\_\_\_

Weekend Green Fees: \$ \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Experience in Operations: \_\_\_\_\_

Type of Course      Privately Owned by members: \_\_\_\_\_, by others: \_\_\_\_\_, Municipality owned: \_\_\_\_\_

Who uses the facility (Check one):      Members &amp; Guests      Daily Fee only (no members)      Daily fee and member play

Previous Insurer: \_\_\_\_\_ Has any Insurer cancelled, declined, or refused you coverage?      Yes      No

If yes, provide details: \_\_\_\_\_

Describe any insured and uninsured losses having occurred in the past **5 years** and state the date and value of each loss, before the deductible (if any) was applied: \_\_\_\_\_

## PART 2: PROPERTY UNDERWRITING INFORMATION

Select the Construction Class, which best describes your building:

Fire Resistive	(Walls, floors, roof and supports of solid masonry)
Masonry, Non-Combustible	(Walls, of masonry, floors and roof of masonry or engineered non-combustible materials supported by protected steel)
Non-Combustible	(Walls, floors and roof of engineered non-combustible materials, supported by unprotected steel)
Masonry (Including Mill)	(Walls of greater than 4" thickness masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected metal)
Masonry Veneer	(Walls of less than 4" tick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material)
Frame	(Walls, floors and roof of combustible or susceptible materials, supported by wood or other combustible or susceptible material)

Fire Department:      Paid F/T      Paid P/T      Volunteer      None

Select the distance between your building and the nearest Municipal Fire Hydrant:

Within 500 Feet      Between 500 and 1000 feet      Over 1000 feet

Insured's Occupancy: \_\_\_\_\_ Other Occupancies: \_\_\_\_\_ Year Built: \_\_\_\_\_

If over 30 years old, have there been any updates to the building? \_\_\_\_\_

Adjacent Exposures: \_\_\_\_\_

No. of Stories: \_\_\_\_\_ Heating Type: \_\_\_\_\_ General Housekeeping: \_\_\_\_\_

Total Building Sq ft: \_\_\_\_\_ Applicant's Sq ft: \_\_\_\_\_ Building Sprinklered: Yes: \_\_\_\_\_% No

Burglary Alarm System : Monitored Local None Is the monitoring company ULC Approved: Yes No

Does your building have a ULC Automatic Fire Extinguishing system (if applicable)? Yes No

Has the system been independently tested within the past 12 months (if applicable)? Yes No

Is the golf course Gated: Yes No Fenced: Yes No

Additional Information: \_\_\_\_\_

#### GOLF MAINTENANCE EQUIPMENT PROTECTION INCLUDING GOLF CARS/CARTS

Scheduled maintenance equipment owned or leased for a period of at least 6 months  
(replacement cost for equipment 5 years old or newer, otherwise ACV)

\$

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)

\$

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

\$

#### Operations - General

Are certificates of insurance obtained for all independent contractors/subcontractors? Yes No

If yes, please list contractor and service performed: \_\_\_\_\_

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 required: \_\_\_\_\_

Are security guards present? \_\_\_\_\_

Are there security cameras on the property? Yes No If yes, where are they located and how many? \_\_\_\_\_

Are the premises shut down for any period during the year? Yes No If yes, when? \_\_\_\_\_

Describe security measures taken during the shutdown: \_\_\_\_\_

List any Professional or Major Amateur Events planned: \_\_\_\_\_

Is the Golf Professional a:            Club Employee            Independent Contractor

Is the Pro Shop owned by the:            Club            Independent Contractor

Is there any other operations at this club: \_\_\_\_\_

Is staff trained in CPR?            Yes            No            Does the club have defibrillators?            Yes            No

If the club has defibrillators, is staff fully trained and do they take a certification course every year?            Yes            No

Are there any products sold under their name?            Yes            No            If yes, please explain: \_\_\_\_\_

## Restaurant or Snack Bar

How many facilities and/or restaurants? \_\_\_\_\_

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

What are the hours of operation? \_\_\_\_\_

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

How many kitchens? \_\_\_\_\_

Is there a UL300 compliant automatic fire extinguishing system in place?            Yes            No

*If no, what type of system?* \_\_\_\_\_

Does the system cover the deep fat fryers?            Yes            No

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

Is there an automatic fuel shut off to all cooking appliances activated by the release of the automatic extinguishing system?            Yes            No

Is there minimum clearance from hood and duct of 18" to all combustible construction?            Yes            No

Are portable extinguishers available in the kitchen?            Yes            No

Is a contract in existence for semi-annual inspection and maintenance of the extinguishing system?            Yes            No

Date of last inspection: \_\_\_\_\_

Is there a regular schedule for cleaning hoods, ducts and filters?            Yes            No

Is a professional company used?            Yes            No            If yes, Company Name: \_\_\_\_\_

Date of last cleaning: \_\_\_\_\_

## Liquor Liability

What hours are liquor served? \_\_\_\_\_

Are bartenders, servers, and parking valets required to participate in alcohol awareness programs as a regular part of job training?

Is there a designated drive program or escort service provided for those unable to drive? \_\_\_\_\_

Are any of the operations involving liquor contracted out? \_\_\_\_\_

Have any citations been issued for law violations? \_\_\_\_\_

Has your liquor license ever been revoked or suspended?            Yes            No            If yes, explain: \_\_\_\_\_

Any liquor claims last 5 years? \_\_\_\_\_

Has liquor liability insurance coverage ever been declined, cancelled or non renewed? \_\_\_\_\_

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

Seating capacity for dining area: \_\_\_\_\_ Bar: \_\_\_\_\_

Describe guidelines regarding proper ID verification, recognizing over consumption, etc. (If guidelines written attach copy): \_\_\_\_\_

\_\_\_\_\_

Are facilities available for private parties? \_\_\_\_\_

If yes, does renter provide confirmation of own insurance and show club as additional insured? \_\_\_\_\_

If liquor is served, are insureds bartenders used? \_\_\_\_\_

If catered, does caterer provide confirmation of own insurance? \_\_\_\_\_

### Operations - Golf Carts

Number of carts: \_\_\_\_\_ Owned: \_\_\_\_\_ Leased: \_\_\_\_\_

If leased, are certificates of Insurance obtained naming the Club as Additional Insured? Yes No

Are the golf carts stored under the clubhouse? Yes No If yes, is it sprinklered? Yes No

How are carts powered? Gas Electric/Battery

Is there an exhaust (ventilation) system in golf cart storage facility? Yes No

Is there a no smoking policy in effect and enforced? Yes No

When was the last electrical maintenance visit performed? \_\_\_\_\_

Who is responsible for maintenance of golf carts? \_\_\_\_\_

Are there operators under the age of 18? Yes No

Describe security for golf carts (alarms, locks, sprinklers, etc): \_\_\_\_\_

\_\_\_\_\_

Who is responsible for insuring golf carts? Club Pro Lessor

### Revenues

Rounds of golf/membership \_\_\_\_\_

Food Sales: \_\_\_\_\_

Liquor: \_\_\_\_\_

Pro Shop: \_\_\_\_\_

Other: \_\_\_\_\_

## Business Earnings & Extra Expense

Gross Revenue: \_\_\_\_\_

Non Continuing Expense: \_\_\_\_\_

Total Earnings (*gross revenue minus non continuing expenses*) \_\_\_\_\_

Duration of Interruption (*percent of time club will be interrupted*) \_\_\_\_\_

Adjusted Interruption exposure (*total earnings times duration of interruption %*) \_\_\_\_\_

Extra Expense Exposure: \_\_\_\_\_

Total Exposure of 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: \_\_\_\_\_

## PART 3: CRIME UNDERWRITING INFORMATION (If applicable)

How many employees do you have on payroll? \_\_\_\_\_ How many of those employees would routinely handle money? \_\_\_\_\_

Do they have a safe on premises? Yes No If yes, is it ULC approved and what class: \_\_\_\_\_

Do you make daily deposits to the bank? Yes No

## PART 4: GENERAL LIABILITY UNDERWRITING INFORMATION

Full description of Business Operations: \_\_\_\_\_

Year business was established: \_\_\_\_\_ Experience of the principal/partners: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-time Employees: \_\_\_\_\_ Part-time Employees: \_\_\_\_\_

Gross Receipts (Operations): \_\_\_\_\_ Gross Receipts (Products) \_\_\_\_\_

Any US sales? Yes No If yes, \_\_\_\_\_ %

Require percentage breakdown in gross receipts for each aspect of their operations (if applicable): \_\_\_\_\_

Any off premise exposure? Yes No If yes, explain and what \_\_\_\_\_ % \_\_\_\_\_

Cost and description of any sublet operations: \_\_\_\_\_

## Pollution Liability

Sudden and Accidental - each occurrence limit: \$100,000

Please provide the following information:

Pollution Tanks Underground or above ground? \_\_\_\_\_

Age: \_\_\_\_\_ Capacity: \_\_\_\_\_ Protection: \_\_\_\_\_ Double Walled: \_\_\_\_\_

Fertilizer, chemicals, etc.? \_\_\_\_\_

Where are they stored and how? \_\_\_\_\_

PART 5: COVERAGE REQUIREMENTS (per location)

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Transit	
Business Interruption (Profits, Monthly Earnings, Gross Earnings)	
Rent or Rental Value	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Total Greenskeeping Equipment (page 2)	
CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery or	
Broad Form Money & Securities or	
3D	
Other:	
LIABILITY COVERAGE	AMOUNT OF INSURANCE
Bodily Injury & Property Damage -per occurrence	
Products & Completed Operations - aggregate limit	
Personal Injury Liability - per occurrence	
Non-Owned Automobile Liability - per occurrence	
Tenants Legal Liability	
Other:	

Optional Coverages: (Select any of the following optional coverages you require)

Sewer Back- up	Replacement Cost	Property Extension End't
Flood	Stated Amount Co-Insurance	Comprehensive Property Extension End't
Earthquake	By-Laws	

Target Premium (if known) \_\_\_\_\_

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicants Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_