

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: _____

Number of Years in Business: _____ Experience in Operations: _____

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

Municipal / Public Hydrant Protection:

Within 500' Between 500' and 1000' Over 1000'

Private Hydrant(s) on premise: yes No. If yes, how many? _____

Insured's Occupancy: _____ Other Occupancies: _____ Year Built: _____

If over 30 years old, what renovations/updates have been completed including roof rep? _____

Adjacent Exposures: _____

No. of Stories: _____ Heating Type: _____ General Housekeeping: _____

Plumbing: _____ Electrical: _____

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

Protection: Yes NO Burglary Alarm System: Monitored Local None Monitored Fire Alarm: Yes No

Is the monitoring company ULC Approved: CCTV Yes No Gated or Fenced 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: _____

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 insured 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

Membership Dues _____

Green Fees/Driving Range _____

Golf Cart Rental _____

Food _____

Liquor _____

Pro Shop _____

Third Party Rentals/Banquet _____

Curling Club _____

RV Park _____

Other (describe) _____

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 COVERAGES / 3D COMPREHENSIVE COVERAGE (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

Employee Dishonesty _____ Other Coverages: _____

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

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)

SCHEDULE OF PROPERTY	LIMIT
Clubhouse Building	
Clubhouse Contents	
Clubhouse Stock	
Food and Beverage Stock	
Office Contents	
EDP	
Pro Shop Building	
Pro Shop Stock	
Pro Shop Contents	
Driving Range Building	
Range Safety Netting/Poles	
Maintenance Building	
Maintenance Contents	
Greenskeeping Equipment	
Golf Cart Fleet	
Pull Carts	
Miscellaneous Equipment/Tools	
Cart Storage Building	
Shelter/Washroom Building	
Pumphouse Building	
Pumphouse Controls/Equipment	
Underground Irrigation System/Equipment	
Tents/Fabric Structure	
Snack Shack(s)	
Signs – Free Standing	
Profits (\$100,000 included)	
Extra Expense (\$50,000 included)	
Dwelling	
Other	\$
Other	\$
Other	\$
CRIME – 3D COMPREHENSIVE	AMOUNT OF INSURANCE
Employee Dishonesty	\$
All other Coverages	\$

Equipment breakdown:

Limit: \$ _____

Including Data Compromise/Data Recovery _____

Excluding Data Compromise/Identity Recovery _____

Liability Coverages:

Limit Required: \$ _____

- Bodily Injury & Property Damage -per occurrence
- Personal Injury Liability - per occurrence
- Tenants Legal Liability
- Other: _____

- Products & Completed Operations - aggregate limit
- Non-Owned Automobile Liability - per occurrence
- Other: _____
- Other: _____

Excess Liability \$ _____

D&O

Limit Required: \$ _____

- D&O application required
- Financials
- List of Names/Positions of each Director and Officer

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: _____