

MINI GOLF SUPPLEMENTAL APPLICATION

Broker Name: _____ **Contact Info:** _____

Name of Insured (Full Legal Name including o/a): _____

Mailing Address: _____

Risk Location Address: _____

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

Previous Insurer: _____ Has any Insurer cancelled, declined, or refused you coverage? Yes No n/a

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:

Annual Gross Revenues: _____ Hours of Operation: _____

Is this Seasonal? Yes No n/a If yes, what is protections & security when not operational:

Total # of: Holes: _____ Courses: _____ Attendants: _____

Manufacturer: _____ Oldest Unit: _____

Are walkways marked and lighted? _____ Are lights covered and protected? Yes No n/a

Are ground fault interrupters in place? Yes No n/a

Number of course structures equipped with moving parts: _____

Is access by public limited? Yes No n/a

Confirmation no renovations of any kind: _____

Is there Food/Liquor (advise further & provide split) *If food is offered is this a restaurant/cafe/sales of pre-packaged food only.*

If liquor, provide liquor supplement

Advise any other operations on site:

Please provide a few photos of the risk or the website with photos