

Signature Golf Application Checklist

Please ensure that the following documents have been COMPLETED in FULL and SIGNED where required:

- Signature Golf Application Form
- Property Schedule
- Signature Golf Supplemental Application
- Structural Detail Form for the Club House
- Site Plan

Completed applications may be submitted to Ms. Denise Sheppard:



applications@signaturerisk.com



via fax (705) 675-7461

Signature Golf Application Form

General Information

Name of Golf Club (all legal entities):	
Mailing Address:	
Risk Location (<input type="checkbox"/> as above)	
Contact:	Title:
Web Site:	Email:
Business Tel.:	Fax:

1. Renewal Date: _____ Expiring Premium: \$ _____ Target Premium: \$ _____
2. Current Insurance Company: _____ Property Deductible: _____
3. Has the Management or Ownership changed in the last 12 months? Yes No
If Yes, please explain: _____
4. Does your Club have a written Risk Management Plan? Yes No
5. Is your Club seeking Audubon Certification? Yes No
If Yes, please advise anticipated completion date: _____

Operations

Membership Type: <input type="checkbox"/> Private <input type="checkbox"/> Semi Private <input type="checkbox"/> Daily Fee	Activities: <input type="checkbox"/> Curling <input type="checkbox"/> Driving Range <input type="checkbox"/> XC Skiing <input type="checkbox"/> Other: _____	<input type="checkbox"/> Day Camps <input type="checkbox"/> Daycare <input type="checkbox"/> Swimming Pool
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1. Are there any other services or activities offered that have not been described above? Yes No
If Yes, please describe: _____
2. Corporate Structure: Corporation Partnership Joint Venture Sole Proprietorship
3. Number of Employees: Full Time: _____ Part Time: _____
4. Is the Club open year round? Yes No
5. Does a Club employee visit the premises daily during the off season? Yes No
6. What is the acreage size of your property? _____
7. Do you own vacant land or other property whereby insurance should be extended? Yes No
If Yes, what is the use and legal address: _____

8. What changes in operations or construction do you anticipate over the next 12 months: _____

Signature Golf Application Form - Continued

Revenues - Annual Gross Revenues (please estimate the split).

Membership Dues	\$ _____
Green Fees & Driving Range	\$ _____
Golf Car Rentals	\$ _____
Food Services	\$ _____
Liquor Revenue	\$ _____
Pro Shop Revenue	\$ _____
Banquet/Wedding Rentals	\$ _____
Curling Club	\$ _____
Other:	\$ _____
Total Revenues	\$

Coverages

- Do you wish to purchase **Business Interruption** coverage? Yes No
 Limit Required \$ _____ (Please complete and include a Business Interruption Worksheet)
- Do you wish to purchase **Umbrella** coverage? Yes No
 Limit Required \$ _____

Claims History - Please describe any and ALL claims or law suits that you have had within the last five years.

- Date: _____ Type: _____
 Reserve: _____ Amount Paid: _____
 Description: _____
- Date: _____ Type: _____
 Reserve: _____ Amount Paid: _____
 Description: _____

Loss Prevention Measures: _____

Other Information

- Distance to Nearest Building(s) from Clubhouse: _____ (Please include a detailed **Site Plan**).
- Is the Pro Shop attached to the Clubhouse? Yes No

Loss Payee/Mortgage Information

Loss Payee #1: _____
 Mailing Address: _____
 Loss Payee #2: _____
 Mailing Address: _____

Signature of Applicant: _____ Date: _____

Signature Golf Property Schedule

Building Name	Size (sq ft)	Building Value	Contents & Equipment	Stock (Proshop, Food, Freezer)	Total Limit
Clubhouse					
Golf Proshop					
Greenskeeper Outbuilding(s)					
Maintenance Bldgs					
Dwelling					
Curling Rink					
Shelters/ Washrooms					
Other:					
Other:					
Other:					
SUB TOTAL 1		\$	\$	\$	\$

Listing of Required Property Limits	Limit	
Golf Car Fleet		
Green-keeping Machinery		
Irrigation System (incl. sprinkler heads)		
Bar/Cellar Stock		
Cups/Trophies/Pictures		
Signs (Free Standing)		
Electronic Data Processing Equipment (if increased limit is required) \$25,000 incl.		
Golf Related Property (if increased limit is required) \$100,000 incl.		
Damage to Greens and Fairways (if increased limit is required) \$100,000 incl.		
Personal Effects of Club Members (if increased limit is required) \$10,000 per occ. \$50,000 agg incl.		
Personal Effects of Club Employees (if increased limit is required) \$25,000 incl.		
Other:		
Other:		
SUB TOTAL 2		\$
SUB TOTAL 1		\$
GRAND TOTAL		\$

Signature Golf Supplementary Application

Golf Club Name: _____

- 1. Name the Club Liquor License is in: _____
- 2. Have you ever had your Liquor License suspended or cancelled? Yes No
- 3. Have you ever been cited for any liquor violations? Yes No
- 4. Are all servers certified (SIP/TIPS/TAMS)? Yes No
- 5. Are any of the operations involving liquor or food contracted out? Yes No
- 6. Do all event sponsors sign written contracts including Indemnity and Waiver clauses?
(i.e. Charity Events, Weddings, Banquets, Tournaments, etc.) Yes No
- 7. Does the Club require all Independent contractors to carry liability insurance?
(i.e. Snow Removal Contractor, Pro Shop Operator, etc.) Yes No
- 8. Are Club members and guests required to sign waivers to play golf? Yes No
- 9. Are the Club Rules and Code of Conduct signs posted? Yes No
- 10. Does the Club offer Valet Parking? Yes No
- 11. Does the Club transport members or guests? Yes No
- 12. Does the Club provide any off-site grounds keeping services such as snow removal? Yes No
- 13. Does the Club have fuel storage tanks? If Yes, please describe below. Yes No

Additional Information: _____

Signature Golf Structural Detail Form

(Required for the Club House building only)

Golf Club Name: _____

1. Year Built: _____ Renovated? Yes No If Yes, describe: _____
2. Construction of Walls: Steel Steel/Concrete Concrete Block Frame
 Log Mixed (Frame/Masonry)
3. Exterior Finish: Masonry Brick Veneer Wood Metal Clad Siding
 Log Siding Other: _____
4. Winterized: Yes No
5. Roof: Style: Flat Peak Mansard Other _____
Construction: Wood Steel Concrete Other _____
Covering: Shingles Steel Asphalt Other _____
Replaced: Yes No If Yes, what year? _____
6. Floor Grade: Concrete Wood Second & above: _____
7. Area (sq ft) Bsmt: _____ 1st Flr: _____ 2nd Flr: _____ 3rd Flr: _____ Decks: _____
8. Electrical: Fused Circuit Breakers Installed or Updated when? _____
9. Heating: Oil Natural Gas Electric Forced Air Hot Water
 Boiler Propane Steam Woodstove Fireplaces
10. Plumbing: Updated? Yes No If Yes, what year? _____ Partial OR Full Update
11. Distance to nearest Fire Hydrant: _____ ft. Municipal Yes No
12. Distance to nearest Dry Fire Hydrant: _____ ft. Distance to Private Fire Hydrant: _____ ft.
13. Distance to nearest Fire Hall: _____ kms. Volunteer Paid
14. Sprinkler System: None Full Partial If Partial _____%, Centrally Monitored? Yes No
15. Fire Protection System: Smoke Detectors Heat Detectors, Centrally Monitored? Yes No
16. Burglar Alarm System: Yes No, Centrally Monitored? Yes No
17. Alarm Monitoring Company Name: _____
18. Is there a deep fat fryer in this building? Yes No
If Yes, is there: Automatic wet fire suppression for each deep fat fryer? Yes No
Semi-annual maintenance contract for each unit? Yes No
A Class K portable extinguisher as back-up? Yes No

Maintenance Building

Construction: _____ Roof: _____ Fire/Burglar Alarm: Yes No

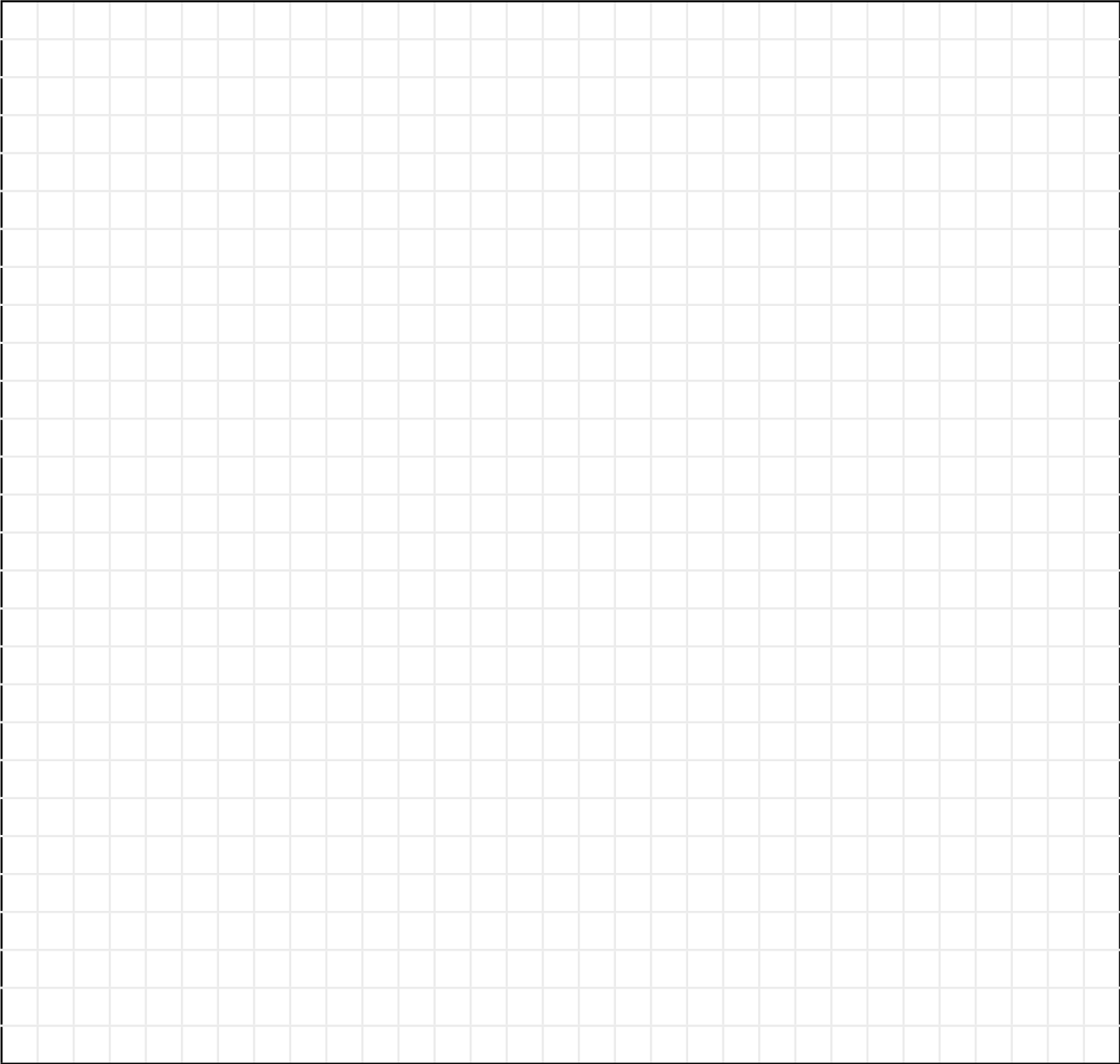
Storage/Other Buildings

Construction: _____ Roof: _____ Fire/Burglar Alarm: Yes No

Construction: _____ Roof: _____ Fire/Burglar Alarm: Yes No

Signature Golf Site Plan

Please provide a site plan of your buildings including ALL distances between buildings (in feet).



Notes: _____

