

Signature Golf Application Package

The following documents must be COMPLETED in FULL and SIGNED where required before a quote will be issued:

- Signature Golf Application Package
 - General Information Form
 - Property Schedule
 - Structural Detail Form for All Buildings
 - Signature Golf Liability Form
 - Site Plan
- Signature Golf D&O Application (if required)
- Signature Golf Hole-In-One Application

Please submit completed applications to Signature Risk Partners at:



applications@signaturerisk.com

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. This Golf Club is: Existing Client Prospect
3. Current Insurance Company: _____ Property Deductible: _____
4. Has the Management or Ownership changed in the last 12 months? Yes No
If Yes, please explain: _____
5. Does your Club have a written Risk Management Plan? Yes No
6. Is your Club Audubon ACSP Certified? Yes No

Signature Golf Coverage Requested

- standard. select. secure.

Operations

Membership Type: <input type="checkbox"/> Private <input type="checkbox"/> Semi Private <input type="checkbox"/> Daily Fee	Activities: <input type="checkbox"/> Driving Range <input type="checkbox"/> Tennis <input type="checkbox"/> XC Skiing <input type="checkbox"/> Skating	<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Curling <input type="checkbox"/> Day Camps <input type="checkbox"/> Day Care
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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: _____ Covered by Provincial WCB: _____
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? _____

Operations - Continued

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: _____

Coverages

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

2. Do you wish to purchase **Umbrella** coverage? Yes No
Limit Required \$ _____

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

No known or reported losses in the last 5 years.

1. Date: _____ Type: _____
Reserve: _____ Amount Paid: _____
Description: _____

2. Date: _____ Type: _____
Reserve: _____ Amount Paid: _____
Description: _____

Loss Prevention Measures: _____

Other Information

1. Distance to Nearest Building(s) from Clubhouse: _____ (Please include a detailed **Site Plan**).
2. 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 (Pro shop, Food, Freezer)	Total Limit
Clubhouse					
Golf Pro Shop					
Greenskeeper Outbuilding(s)					
Maintenance Bldgs					
Cart Storage Bldg					
Pump House					
Irrigation System (incl. sprinkler heads)					
Driving Range					
Shelters/Washrooms					
Bar/Cellar Stock					
Cups/Trophies/Pictures					
Signs (Free Standing)					
Electronic Data Processing Equipment					
Other:					
SUB TOTAL 1		\$	\$	\$	\$

Listing of Required Property Limits	Limit
Golf Car Fleet	
Green-keeping Machinery	
Other:	
Personal Effects of Club Members (if increased limit is required)	
Personal Effects of Club Employees (if increased limit is required)	
Golf Related Property (if increased limit is required)	
Damage to Greens and Fairways (if increased limit is required)	
Other:	
SUB TOTAL 2	\$
SUB TOTAL 1	\$
GRAND TOTAL	\$

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 Wood Stove 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 Liability Form

Golf Club Name: _____

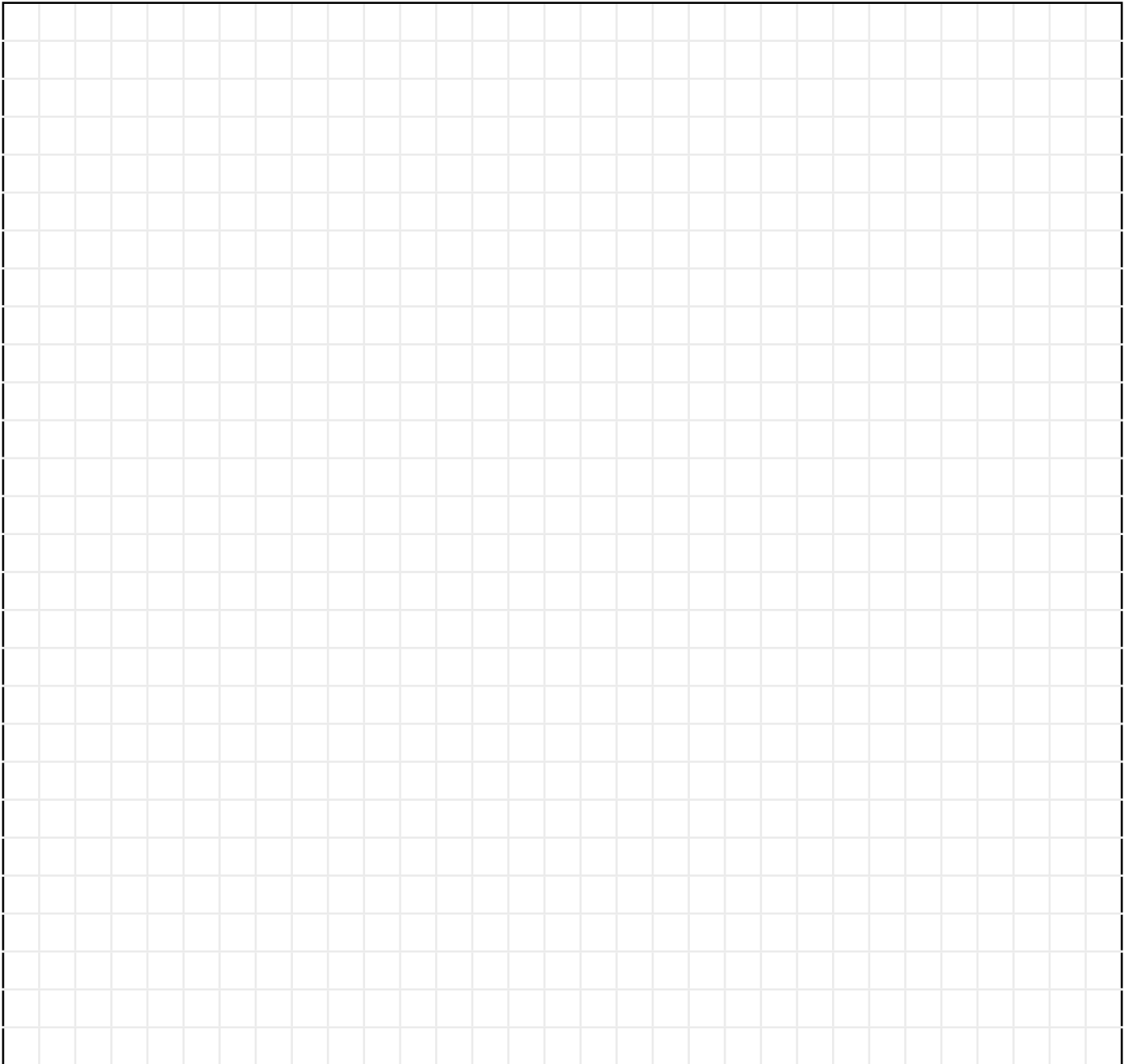
1. Name the Club Liquor License is in: _____
2. Have you ever had your Liquor License suspended or cancelled? Yes No
3. Have you ever been cited for any liquor violations? Yes No
4. Does the Club have a Liquor Service Policy? Yes No
5. Is the Liquor Service Policy posted so that it can be viewed by all Members and Guests? Yes No
6. Are all servers certified (Smart Serve/Serving It Right/Pro Serve/Service in Action/Good Business)? Yes No
7. Is there a Manager or Assistant Manager on staff at all times in addition to liquor servers? Yes No
8. Do servers attempt to determine if patrons will be driving after leaving the club? Yes No
9. Is a Designated Driver Program in use and promoted by servers? Yes No
10. Is taxi service available at your club? Yes No
11. Are any of the operations involving liquor or food contracted out? Yes No
12. Do all event sponsors sign written contracts including Indemnity and Waiver clauses?
(i.e. Charity Events, Weddings, Banquets, Tournaments, etc.) Yes No
13. Does the Club require all Independent Contractors to carry Liability Insurance?
(i.e. Snow Removal Contractor, Pro Shop Operator, etc.) Yes No
14. Are Club Members and Guests required to sign waivers to play golf? Yes No
15. Are the Club Rules and Code of Conduct signs posted? Yes No
16. Does the Club offer Valet Parking? Yes No
17. Does the Club transport Members or Guests? Yes No
18. Does the Club provide any off-site grounds keeping services such as snow removal? Yes No
19. Does the Club have fuel storage tanks? If Yes, please describe below. Yes No

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	\$

Signature Golf Site Plan

Please provide a site plan of the entire Golf Club including ALL distances between buildings (in feet).



Notes: _____

