

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

Instructions for Submitting this Electronic Application

- Please ensure that you have completed the entire Application.
- A Site Plan must be submitted separately.
- Print a hard copy for your records.
- After your final review, click “SUBMIT” at the bottom of this page.
- We will confirm receipt and begin working on your quote right away.
- Call **(800) 260-9921** with any questions of comments.

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 |
|--|---|--|

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 | \$ | <hr/> |
| Green Fees & Driving Range | \$ | <hr/> |
| Golf Car Rentals | \$ | <hr/> |
| Food Services | \$ | <hr/> |
| Liquor Revenue | \$ | <hr/> |
| Pro Shop Revenue | \$ | <hr/> |
| Banquet/Wedding Rentals | \$ | <hr/> |
| Curling Club | \$ | <hr/> |
| Other: | \$ | <hr/> |
| Total Revenues | \$ | <div style="background-color: #cccccc; width: 100%; height: 15px;"></div> |

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 law suits that you have had within the last five 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 (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