

Signature Golf Application Package

The following documents must be COMPLETED in FULL and SIGNED where required before any terms can be issued:

Signature Golf Application Checklist

- General Information Form
- Property Schedule
- Structural Detail Form for All Buildings
- Signature Golf Liability Form
- Site Plan

- Signature Golf D&O Application (if required)
- Attach Environmental Site Assessment or Survey (if available)

Please submit the completed forms 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 (as above)

Contact: _____

Title: _____

Website: _____

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 the Club follow Industry Standard Risk Management Practices? Yes No

6. Is your Club Audubon ACSP Certified? Yes No

Signature Golf Coverage Package Requested

standard●

select●

secure●

Operations

Membership Type:

Private

Semi Private

Daily Fee

Activities:

Driving Range

Tennis

XC Skiing

Skating

Swimming Pool

Curling

Day Camps

Day Care

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 Not-for-Profit

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? _____ acres.

Signature Golf Application Form

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.

- At the time of signing this application there have been no reported losses in the last 5 years.
 At the time of signing this application there are no known losses or circumstances which may give rise to a claim.
1. Date: _____ Type: _____
 Reserve: _____ Amount Paid: _____
 Description: _____

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

Loss Prevention Measures: _____

Other Information

1. Distance in feet to Nearest Building(s) from Clubhouse: _____ Feet (Please label on **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 (Machinery): | |
| 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 (Property): | |
| 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 - Note: All Soft Top Buildings Must Be Clearly Identified

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? Yes No
13. Does the Club require all Independent Contractors to carry Liability Insurance? 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? Yes No If Yes, please complete the chart below.
20. Are there any Septic Tanks on the Property? Yes No If Yes, please locate on Site Plan (page 8).
21. Are there any Wells used for Potable Water? Yes No
22. Are pesticides and/or fertilizers stored at the Club? Yes No If Yes, provide details of storage.
23. Is the pesticide applicator licensed? Yes No
24. Is an Integrated Pest Management system in use? Yes No If Yes, provide details.
25. Is there any Surface Water located on the property? Yes No If Yes, please locate on Site Plan.
26. Have there ever been any Floods on Club property? Yes No If Yes, please provide details.

| | Above Ground or Under Ground | Steel or Fiberglass | Product Stored | Capacity (Litres) | Year Installed | Double Lined | Vehicle Impact Barriers | Dyke for Spill Containment |
|---|------------------------------|---------------------|----------------|-------------------|----------------|--------------|-------------------------|----------------------------|
| 1 | Above Under | Steel Fiberglass | | | | Yes No | Yes No | Yes No |
| 2 | Above Under | Steel Fiberglass | | | | Yes No | Yes No | Yes No |
| 3 | Above Under | Steel Fiberglass | | | | Yes No | Yes No | Yes No |

All Underground Storage Tanks Are Excluded. For Coverage Please Inquire Separately.

Signature Golf Club Revenues

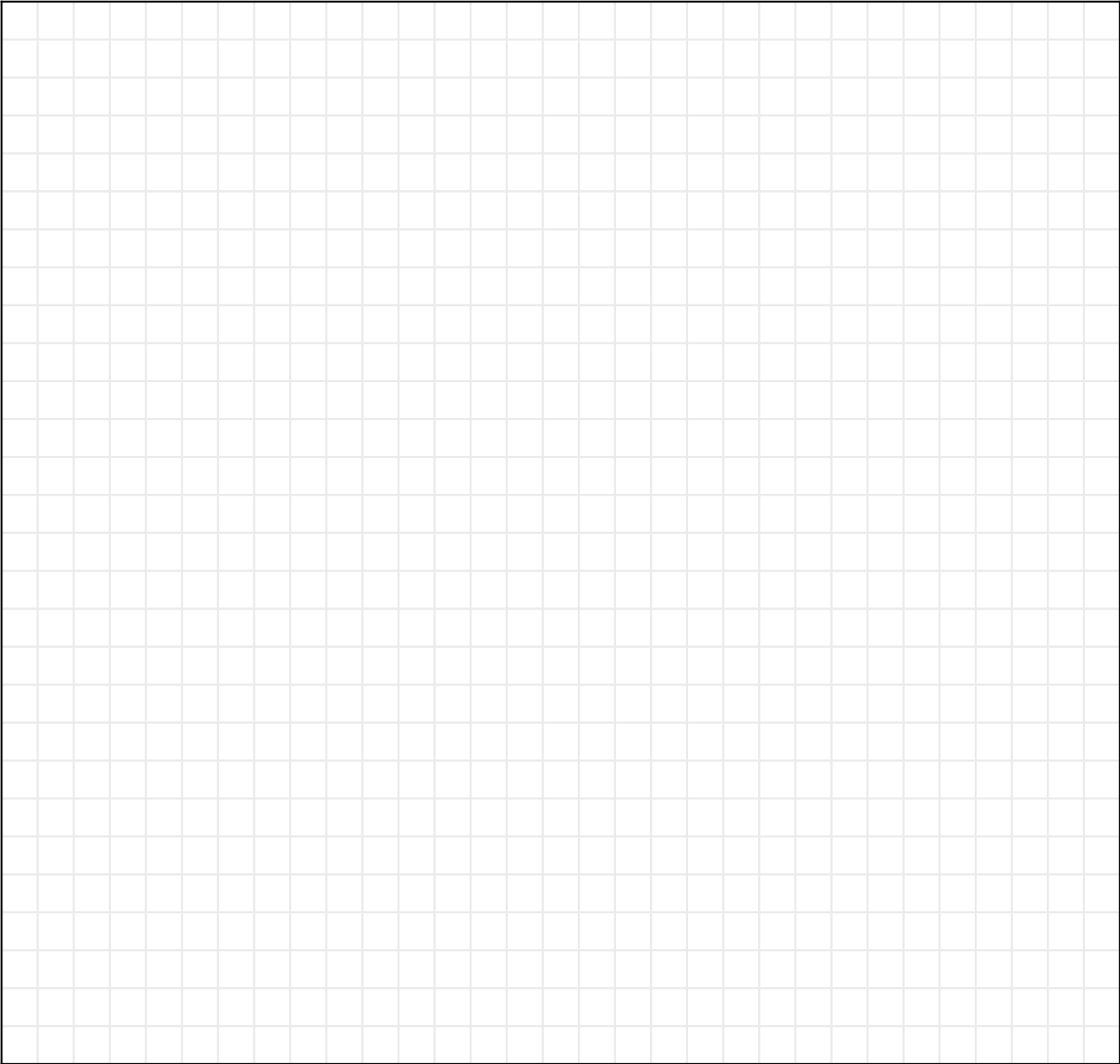
Revenues - Annual Gross Revenues (please estimate the split).

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

- End of Revenue Section. Please Proceed to the Site Plan on Page 8 -

Signature Golf Site Plan

Please show the Golf Club and label ALL distances between buildings (in feet). Please describe surrounding properties in all directions and clearly label **all Surface Water** (lakes, rivers, ponds, etc.).



Notes: _____

