

**PRO SHOP
SURVEY REPORT**

Please complete this survey IN FULL. If any item is not applicable, please state "none"

IMPORTANT: The following statements are material to the coverage offered under the Signature Program. The underwriters use the information provided in their decision to accept the risk and/or set terms. Inaccurate information or failure to maintain procedures will result in limitations or render the coverage void.

Name: _____

Club Name: _____

Club Address: _____

Mailing Address: _____

Telephone: _____ Website: _____

E-mail Address: _____

MORTGAGEES:

CONSTRUCTION

Frame Brick Veneer Masonry Fire Resistive

FIRE PROTECTION:

Municipal Fire Hydrants Yes No Distance from Clubhouse _____ (feet)

Clubhouse Sprinklered _____ %; Municipal Water Supply Yes No

ALARM SYSTEM – CHECK ALL THAT APPLY

- | | |
|---|--|
| <input type="checkbox"/> Monitored Station | <input type="checkbox"/> Local / No Alarm |
| <input type="checkbox"/> Disconnected During Winter | <input type="checkbox"/> Overnight Security Guard |
| <input type="checkbox"/> Golf Carts Stored Inside | <input type="checkbox"/> Golf Carts Covered by Alarm |
| <input type="checkbox"/> Golf Carts Stored in Locked compound | <input type="checkbox"/> Golf Carts stored off site off season |
| <input type="checkbox"/> Money Safe | <input type="checkbox"/> Bars on all windows and all doors? |

INSURANCE HISTORY

Expiry Date: _____ Annual Premium: _____

Claims History: (Past Five Years)

LIMITS OF COVERAGE REQUIRED

STOCK (PEAK AMOUNT) \$ _____

EQUIPMENT (Includes pull carts, cash registers, office supplies, rental equipment, repair tools, tenant's improvements, cart supplies and parts, etc.) \$ _____

MOTORIZED CARTS

Value \$ _____ Number of Carts # _____

Replacement Cost Actual Cash Value

Members' Clubs in Storage \$ _____

Please ensure the accuracy and completeness of your responses. The Insurer(s) rely upon the information provided on this form to appropriately consider the risk, set rates and place adequate re-insurance. Incorrect or incomplete information could result in serious penalty or shortage of coverage in the event of a loss.

Completed By: _____ Date: _____