

Signature Golf Renewal Application

Renewal Date: Policy #: SGC Has the Management or Ownership changed in the past 12 months? If Yes, please explain: Have there been any losses or claims made in the last 12 months? Are there any known losses or circumstances that may give rise to a claim? Do you have any new market initiatives or construction planned in the coming year If Yes, please describe: REVENUES - Annual Gross Revenues (please estimate the split): Membership Dues Green Fees/Driving Range Golf Cart Rentals Food Services Liquor Revenue Pro Shop Revenue Banquet/Wedding Rentals Curling Club Other (describe): Total Revenues COVERAGES Which Signature Golf Package are you applying for?	•	ame of Golf Club :				
If Yes, please explain: Have there been any losses or claims made in the last 12 months? Are there any known losses or circumstances that may give rise to a claim? Were there any changes in operations in the past year? Do you have any new market initiatives or construction planned in the coming year If Yes, please describe: REVENUES - Annual Gross Revenues (please estimate the split): Membership Dues Green Fees/Driving Range Golf Cart Rentals Food Services Liquor Revenue Pro Shop Revenue Banquet/Wedding Rentals Curling Club Other (describe): Total Revenues COVERAGES Which Signature Golf Package are you applying for?	Re	enewal Date:	Policy #: \$	SGC		
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Liquor Revenue Pro Shop Revenue Banquet/Wedding Rentals Curling Club Other (describe): Total Revenues COVERAGES Which Signature Golf Package are you applying for?		Food Services				
Pro Shop Revenue Banquet/Wedding Rentals Curling Club Other (describe): Total Revenues COVERAGES Which Signature Golf Package are you applying for?		Liquor Revenue				
Banquet/Wedding Rentals Curling Club Other (describe): Total Revenues COVERAGES Which Signature Golf Package are you applying for?		Pro Shop Revenue				
Curling Club Other (describe): Total Revenues COVERAGES Which Signature Golf Package are you applying for?		Banquet/Wedding Rentals				
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Total Revenues COVERAGES Which Signature Golf Package are you applying for?				\$		
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	C	OVERAGES				
- secure - select		Which Signature Golf Package are you applying for?				
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. Do you wish to purchase Umbrella coverage? Limit Required \$		•			□ Yes	□ No



Signature Golf Renewal Application - Continued

OPERATIONS UPDATE							
1. Name the Club Liquor License is in:							
2. Have you had your Liquor License suspended or cancelled?	☐ Yes ☐ No						
3. Have you 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 all 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 all 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 state age and construction type.	☐ Yes ☐ No						
OTHER INFORMATION							
Please provide updated Values and Limits required.							
2. Please provide an updated list of Loss Payees and Additional Insured's.							
Date: Signature:							
Print Name: Title:							
Insurance Brokerage:							