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General Information

Name of Golf Club (all legal entities):	
Mailing Address:	
Risk Location (<input type="checkbox"/> 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:	Activities:	<input type="checkbox"/> Driving Range	<input type="checkbox"/> Swimming Pool
		<input type="checkbox"/> Tennis	<input type="checkbox"/> Curling
		<input type="checkbox"/> XC Skiing	<input type="checkbox"/> Day Camps
		<input type="checkbox"/> Skating	<input type="checkbox"/> 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: Yes No
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)	Value	Contents & Equipment	Stock Value	Total Limit
Clubhouse		\$	\$	\$	\$
Golf Pro Shop Building		\$	\$	\$	\$
Greenskeeper Building		\$	\$	\$	\$
Maintenance Building		\$	\$	\$	\$
Cart Storage Building		\$	\$	\$	\$
Pump House Building		\$	\$	\$	\$
Driving Range Building		\$	\$	\$	\$
Shelters / Washrooms		\$	\$	\$	\$
Irrigation System (incl. sprinkler heads)	N/A	\$	N/A	N/A	\$
Protective Netting & Poles	N/A	\$	N/A	N/A	\$
Bridges & Retaining Walls	N/A	\$	N/A	N/A	\$
Signs (Free Standing)	N/A	\$	N/A	N/A	\$
Electronic Data Processing Equipment	N/A	\$	N/A	N/A	\$
Other:		\$	\$	\$	\$
SUB TOTAL 1		\$	\$	\$	\$

Listing of Required Property Limits	Limit
Golf Car Fleet	\$
Greenskeeping 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:

3. Exterior Finish:

4. Winterized:

5. Roof: Style:

Construction:

Covering:

Age: _____ years

6. Floor Grade:

Second & above: _____

7. Area (ft²) Bsmt: _____ 1st Flr: _____ 2nd Flr: _____ 3rd Flr: _____ Decks: _____

8. Electrical:

9. Heating:

10. Plumbing: Age: _____ years Last Update: _____

11. Distance to nearest Fire Hydrant: _____ ft. Municipal Yes No

12. Distance to Private Fire Hydrant: _____ ft.

13. Distance to nearest Fire Hall: _____ kms. Volunteer Paid

14. Sprinkler System: 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 Outbuildings

Construction: _____ Roof: _____ Fire/Burglar Alarm: Yes No

Construction: _____ Roof: _____ Fire/Burglar Alarm: Yes No

- All Soft Top Buildings Must Be Clearly Identified -

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. Has there ever been any Flooding on Club property? Yes No If Yes, please provide details.

	Above Ground or Below Grade	Steel or Fiberglass	Product Stored	Capacity (Litres)	Year Installed	Double Lined	Vehicle Impact Barriers	Dyke for Spill Containment
1								
2								
3								

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

Signature Golf Club Revenues

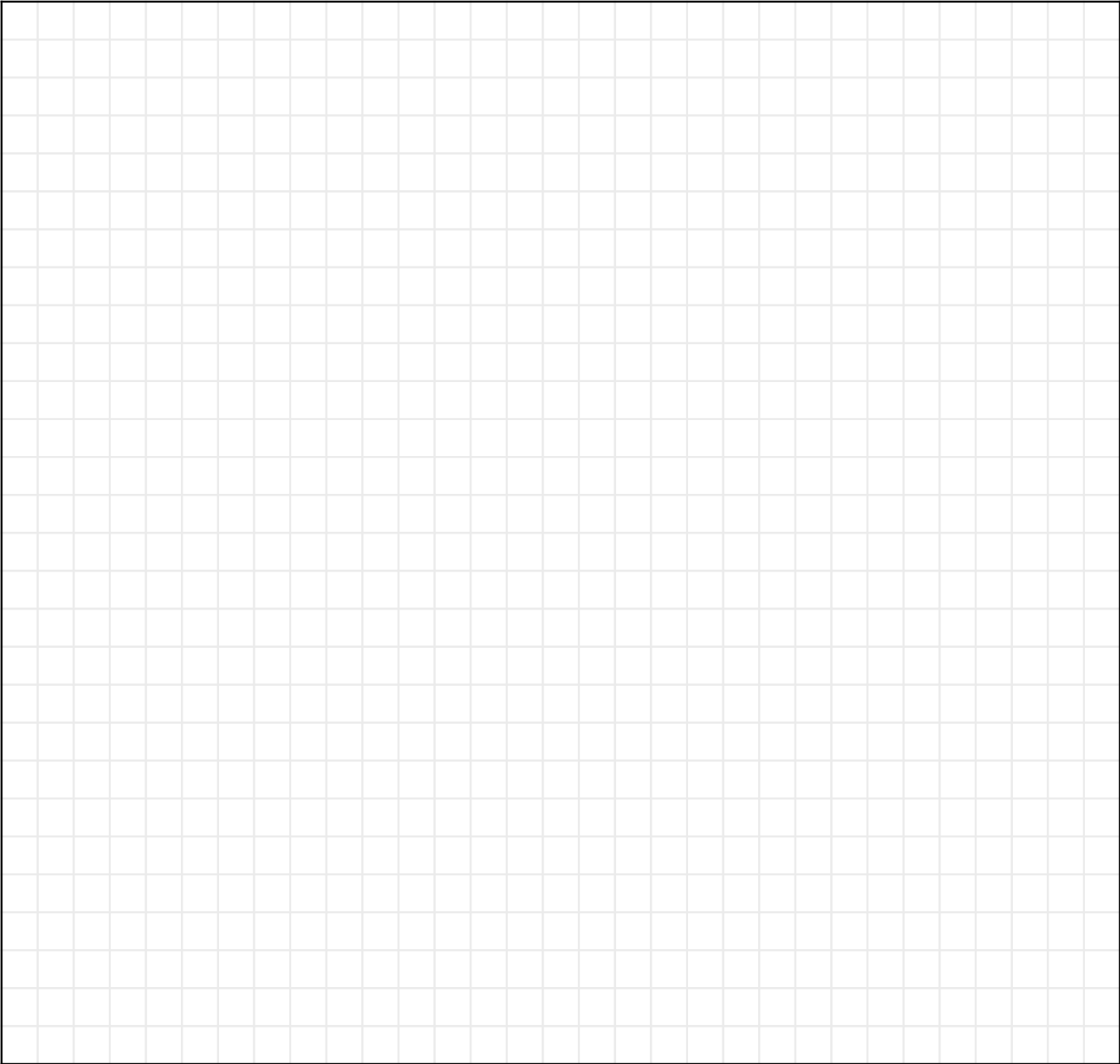
Revenues - Annual Gross Revenues (please estimate the split).

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	\$ <input type="text"/>

- 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: _____

