

## Golf Course Liability Supplemental (Complete in addition to Acord Application)

1. Agency Code: \_\_\_\_\_ Agency: \_\_\_\_\_  
 2. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web site: \_\_\_\_\_  
 3. Producer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 4. Assistant: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Application courtesy of <http://www.insurance-applications.com>**

### **General Information:**

5. Business Name (dba): \_\_\_\_\_  
 6. Legal Name: \_\_\_\_\_ Years In Business: \_\_\_\_\_  
 7. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 8. Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 9. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 10. Email Address: \_\_\_\_\_ Web site: \_\_\_\_\_  
 11. Type of Entity:  Individual  Partnership  Joint Venture  Corporation  Other: \_\_\_\_\_  
 12. Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Need By Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Business Information:**

13. Is this course:  Private  Public  
 14. If a private course, number of dues paying members? \_\_\_\_\_  
 15. Annual number of rounds played:  
     ⇒ 9 holes: \_\_\_\_\_  
     ⇒ 18 holes: \_\_\_\_\_  
 16. Are there any lodging or convention facilities?  Yes  No  
     If yes, please describe: \_\_\_\_\_  
 17. Are there any amusement devices or activities such as watercraft, climbing walls, go-carts, skeet shooting, batting cages, etc.?  Yes  No  
     If yes, please describe: \_\_\_\_\_  
 18. Total gross annual receipts from all of applicant's operations: \$ \_\_\_\_\_  
 19. Please provide a breakdown of the total gross annual receipts:  
     ⇒ Restaurant: \$ \_\_\_\_\_ (Including Liquor)  
     ⇒ Liquor Only: \$ \_\_\_\_\_  
     ⇒ Pro Shop: \$ \_\_\_\_\_ Is Pro Shop operated by:  Club  Leased  
     If leased to others, what is the area \_\_\_\_\_ Sq.Ft.  
     (Total of Actual Annual Dues for All Members)  
     ⇒ Annual Dues: \$ \_\_\_\_\_  
     ⇒ Greens Fees: \$ \_\_\_\_\_  
     ⇒ Trial Fees: \$ \_\_\_\_\_  
     ⇒ Cart Rental: \$ \_\_\_\_\_  
     ⇒ Locker Rental: \$ \_\_\_\_\_  
     ⇒ Club Rental: \$ \_\_\_\_\_  
     ⇒ Special Events: \$ \_\_\_\_\_  
     ⇒ Other: \$ \_\_\_\_\_ (please describe: \_\_\_\_\_)

**Business Information:**

20. Does the applicant sponsor special events?  Yes  No  
If yes, please describe type(s), frequency, etc.: \_\_\_\_\_  
\_\_\_\_\_

If yes, are non-participants ever charged an admission fee?  Yes  No

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21. Does the applicant host tournaments or other golf events sponsored by others?  Yes  No  
If yes, does the applicant require sponsor to provide proof of General Liability Insurance?  Yes  No  
If yes, does the applicant require sponsor to contractually hold him harmless?  Yes  No  
If yes, does the applicant require sponsor to provide an additional insured endorsement?  Yes  No

22. What is the approximate number of weddings, meetings, conventions, etc. held on site annually? \_\_\_\_\_

23. What special events take place during the holidays \_\_\_\_\_  
\_\_\_\_\_

24. What is the approximate number of all events occurring on the premises annually \_\_\_\_\_

25. Are there any outside business/concessions located on the club's premise?  Yes  No  
If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

If yes, does the applicant require proof of General Liability Insurance from each  Yes  No  
Is applicant given an additional insured endorsement or otherwise held harmless by eac  Yes  No

26. Are any products sold under applicant's label / brand name  Yes  No  
If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

27. Is the applicant's driving range enclosed by fencing / netting or other natural barrier?  Yes  No

28. Is the applicant's driving range perimeter prominently posted concerning hazards and restricted access?  Yes  No

29. Is the golf course enclosed by any type of fencing or natural barrier (i.e., woods or a lake)?  Yes  No  
If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

30. Does applicant rent golf carts?  Yes  No

31. If yes, are they:  Gas  3 wheel  
 Electrical  4 wheel

If gas, is re-fueling performed in the open away from other facilities / flammable materials?  Yes  No  
If electrical, is re-charging performed in a well ventilated area away from flammables  Yes  No

32. Are private carts permitted on applicant's course?  Yes  No

33. Is the golf cart storage building locked at night?  Yes  No Are non-owned carts stored?  Yes  No

34. If there a restaurant exposure, what types of kitchen protection devices are in place? \_\_\_\_\_  
\_\_\_\_\_

If yes, please complete and submit a Restaurant Supplemental Application.

35. If there is a bar exposure, are there any promotional activities such as Happy Hour or Ladies Night?  Yes  No

36. Are alcoholic beverages sold away from the bar/restaurant?  Yes  No  
If yes, Please describe: \_\_\_\_\_  
\_\_\_\_\_

If yes, please complete and submit the Restaurant Supplemental Application.

37. Is there a dance floor on the premises?  Yes  No

**Business Information:**

- 38. If there are Daycare activities
  - ⇒ Is applicant's facility licensed'  Yes  No
  - ⇒ Highest permitted ratio of children to adults \_\_\_\_\_
  - ⇒ Hours of operation: \_\_\_\_\_
  - ⇒ Ages of children in facility (minimum & maximum) \_\_\_\_\_

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- ⇒ Activities for children (including field trips) \_\_\_\_\_
- ⇒ Policy regarding sick children \_\_\_\_\_
- ⇒ Do you require parent(s)/guardian(s) to fill out child profile sheet for allergies, medications, etc  Yes  No  
If yes, please attach a sample copy of the child profile shee
- ⇒ Are background checks required on employees performing these services  Yes  No

**Swimming Pool:** (complete the following section if applicable)

- 39. Do all surfaces in and around pool feature non-slip characteristics?  Yes  No
- 40. If outdoors, is the pool enclosed by a fence at least 5 feet high with no openings greater than 4 inches in any dimension?  Yes  No
- 41. Are gates self-closing and self-latching?  Yes  No
- 42. Are gates locked and pool areas inaccessible after hours?  Yes  No
- 43. Are rules posted and enforced?  Yes  No
- 44. Are depth markers at least 4" high on top of vertical walls?  Yes  No
- 45. Are depth markers visible when in the pool?  Yes  No
- 46. Is the perimeter posted "NO DIVING" in areas less than 8 feet deep?  Yes  No
- 47. Are premises lighted in and around pool area from dusk to close?  Yes  No
- 48. Is chlorine gas used for water purification?  Yes  No  
If yes, please describe handling procedures: \_\_\_\_\_
- 49. Is pool water tested at least weekly for sanitary conditions?  Yes  No  
If no, how often: \_\_\_\_\_
- 50. Are life rings/shepherds hook provided?  Yes  No
- 51. Please list all recreation equipment in and around the pool and indicate height of each (including diving boards, slides, etc.): \_\_\_\_\_
- 52. Are beverages in glass containers or any alcoholic beverages permitted at pool side  Yes  No
- 53. Are certified lifeguards on duty?  Yes  No
- 54. May private parties reserve the pool area?  Yes  No  
If so, please comment hours permitted for parties and whether a lifeguard is on duty for duration of ever \_\_\_\_\_

**Tennis Courts:** (complete the following section if applicable)

- 55. Number & construction of courts: \_\_\_\_\_
- 56. Are the courts used for tournaments?  Yes  No  
If yes, please describe \_\_\_\_\_

**Athletic Club Exposures:** (complete the following section if applicable)

57. Please indicate facilities/services available:  Spa/Whirlpool  Weight Room  Shower  
 Tanning Beds<sup>1</sup>  Private Lockers  Changing Room  Personal Training/Trainers  
 Massages/Facials  Other: \_\_\_\_\_

<sup>1</sup> Please complete Tanning Salon Supplemental Application.

58. Are customers required to sign release forms?  Yes  No (Attach copy)  
 59. What method is used for reporting complaints? \_\_\_\_\_  
 60. Are lockers provided for patrons?  Yes  No

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61. Are signs posted regarding the responsibility for patrons belongings?  Yes  No  
 62. Is a general health questionnaire completed by all new members?  Yes  No  
 63. Number of employees? Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_  
 64. Describe any formal training/educational requirements: \_\_\_\_\_  
 65. Is staff required to have any CPR and/or First Aid Training?  Yes  No  
 If not, is training provided by employer?  Yes  No  
 66. If club activities include personal training, are instructors and/or head instructors certified?  Yes  No  
 67. Number and brand of machines: \_\_\_\_\_  
 68. Number and brand of free weights: \_\_\_\_\_  
 69. Are spotters available?  Yes  No  
 70. Is equipment regularly inspected?  Yes  No How often? \_\_\_\_\_  
 Inspections performed by: \_\_\_\_\_ Are records kept?  Yes  No  
 71. Who maintains and repairs equipment? \_\_\_\_\_  
 72. Is any equipment leased?  Yes  No Type? \_\_\_\_\_

**Attachments:**

73. Restaurant Supplemental Application, if applicable  
 74. Current Income Statement & Balance Sheet  
 75. Copy of Club Bylaws (if applicable)  
 76. Sample Copy of Child Profile Sheet, if applicable

**READ AND SIGN BELOW:**

*I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED  
PRIOR TO COVERAGE BEING BOUND**