



Hospitality Insurance Providers

An alliance with
DANIEL HENRY
INSURANCE AND RISK MANAGEMENT

GOLF COURSE NEW BUSINESS QUESTIONNAIRE

Club Name:

FEIN#

Mailing Address:

City:

County:

State:

Zip Code:

Location (if different than mailing):

Any additional locations? Yes No

If yes, please complete a separate questionnaire for each location

Manager or Club contact:

Phone:

Fax:

Email:

Ownership:

Member owned (i.e. equity, proprietary)

City/Municipality owned

Individually, privately owned

Resort

Corporation

Other (describe)

Partnership

Club Status:

Private

Tennis

Semi-Private (membership available)*

City

Daily Fee

Resort

Homeowners Association

Property Owners Association

*Explain membership privileges:

Number of members:

ALL SECTIONS MUST BE COMPLETED IN FULL

1. Main Clubhouse

Type of construction

Square footage

Year Built

If over 10 years old, what year were the following updated?

Electrical

Roof

Plumbing

HVAC



Does the Club have:

Central station hard-wired heat and smoke detection system? Yes No

Sprinkler system? Yes No

Automatic extinguishing system installed which protects hoods, ducts and all cooking surfaces, including deep fat fryers? Yes No

If Yes, is there a cleaning service Yes No

How often?

Does the system have a manual release away from the cooking area? Yes No

Describe any other safety systems?

Is the main clubhouse closed during off-season? Yes No

If yes, when and for how long?

What security is in place while the Club is closed?

Does the Club have a Property Appraisal? Yes No **If yes, attach a copy.**

Does the Club have Professional or Major Amateur Events planned during the next year?

Yes No If yes, please describe:

2. Golf

Courses # Holes Driving range? Yes No

Golf carts (total) # Owned # Leased # powered by: Gas Electric

If carts are leased, is a certificate of insurance on file naming the Club as additional insured?

Yes No

Who is responsible for golf cart maintenance? Club Pro Lessor

Who is responsible for insuring the golf carts? Club Pro Lessor

Are there cart operators under the age of 18? Yes No

If yes, please explain:

Name of Golf Professional:

Independent Contractor Club Employee

If Independent Contractor, is a certificate of insurance on file naming the Club as additional insured? Yes No

The Pro Shop is owned by: Club Independently operated

If Independent Contractor, is a certificate of insurance on file naming the Club as additional insured? Yes No

The Bailee for members' golf clubs is: Club Pro



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Who is responsible for management of the pool operation?

Years of experience at the Club

Years of experience managing an aquatic facility

Does this person(s) have operator certification for aquatic operations? Yes No

Please indicate any additional activities that are scheduled to take place in the pool area:

Swim/Dive Competitions Yes No

Pool Parties Yes No If yes, how many and what type?

Special Events or other activities Yes No

If yes, please describe

Is pool fenced or protected by perimeter protection at least 4' high? Yes No

Does the pool fence have self-closing gates? Yes No

Are pool rules posted? Yes No

Diving Boards Height(s)

Pool depth in diving area Is area clearly marked? Yes No

Water slides Describe height(s) and how used

Attach a picture of the slide(s)

6. Watercraft

NOTE – THE FOLLOWING WATERCRAFT ARE INELIGIBLE FOR OUR PROGRAM:

- Powerboats over 50HP
- Sailboats 26' or more

Number of owned watercraft:

Canoes Powerboats 50HP or lower

Rowboats Sailboats under 26'

Kayaks Other (describe):

Are any watercraft used by club members? Yes No

If yes, please describe and provide quantity:

7. Playground

Does the Club have a playground? Yes No

If yes, please describe

Is it protected by a perimeter fencing that is at least 4' high? Yes No

Does the fence have a self-closing gate? Yes No



8. Other Club Activities

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Skeet / Trap Ranges | <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> Jacuzzi / Saunas |
| <input type="checkbox"/> Saddle Animals | <input type="checkbox"/> Cross-Country Skiing | <input type="checkbox"/> Steam Room |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Downhill Skiing | <input type="checkbox"/> Tanning Beds |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Barbershop / Beauty Parlor | <input type="checkbox"/> Fitness Trainer |
| <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Masseur / Masseur | <input type="checkbox"/> Day / Summer Camps** |
| <input type="checkbox"/> Sledding | <input type="checkbox"/> Health Club Facilities / Spa* | <input type="checkbox"/> Babysitting / Child Care** |

Briefly describe any other activities not listed above:

** Exercise Questionnaire must be completed*

*** Babysitting / Day Care / Day Camp Questionnaire must be completed*

9. Overnight Exposures

Are there any overnight accommodations? Yes No

If yes, are the overnight facilities for members and their guests? Yes No

If yes, number of rooms/apartments available:

Are overnight facilities open to the Public? Yes No

Are there overnight facilities for Employees? Yes No

If yes, number of resident employees:

10. Junior Program

List the Junior Program's sports

Do Junior teams travel to other clubs? Yes No

If yes, how are children transported and supervised?

11. Other

Approximate number of Weddings, Banquets, Parties, and Special Events annually:

Approximate number of Members/Guests/Public who attend:

On contracted work, are certificates of insurance on file naming the Club as additional insured?

Yes No



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Are the Club's facilities loaned or rented to non-member organizations? Yes No

If yes, please describe:

12. Restaurant and/or Snack Bar

Operated by: Club Concessionaire

If Concessionaire, are certificates of insurance on file naming the Club as additional insured?

Yes No

Gross liquor receipts (excluding non-alcoholic beverages):

Restaurant receipts:

Club's liquor license is in the name of:

Bar and Liquor exposures:

Have all bartenders attended a course on Dram Shop Liability (TIPS)? Yes No

Is this an ongoing training program? Yes No

Is there a formal training program on service to intoxicated patrons? Yes No

Does the Club have a dance floor and offer live entertainment? Yes No

If yes, please describe:

What hours are alcoholic beverages served?

13. Crime / Check Signing Procedures

Are checks over \$2500 countersigned? Yes No

If no, please explain:

Does the Club:

Handle cash transactions or member charges only ?

Require member account numbers on all transactions? Yes No

Offer any credit charge facilities outside of member account charges? Yes No

Do special events bring in unusually large sums of cash? Yes No

If yes, please explain

14. Valet Parking Information

Does the Club provide valet parking? Yes No

If yes, by Club Employees Outside Contractor



If outside contractor, are certificates of insurance on file naming the Club as additional insured?
Yes No

15. Coastal Properties (must be completed by Clubs in coastal areas)

Age of roof on main building:

Does roof meet current State codes? Yes No

Do you have a hurricane preparedness program? Yes No *If yes, please attach*

16. Docks, Wharves and Piers

Does your Club have docks, wharves or piers on premises? Yes No

If yes, please provide the following:

Age:

Construction type:

Maintenance (describe):

How are they used?

Covered? Yes No

Is the replacement cost determined annually? Yes No

What is it? **This value should be included with the Statement of Values sheet**

17. Flood / Earthquake Coverage - *If this coverage is desired, please complete the following:*

NOTE: FLOOD INSURANCE NOT AVAILABLE IN ZONES A, V, OR D.

EARTHQUAKE COVERAGE NOT AVAILABLE IN MERCALLI ZONES 7 OR HIGHER.

Is Club eligible for Emergency Flood Program Insurance? Yes No

Is Club eligible for the National Flood Insurance Program: Yes No

18. Pollution Liability Coverage (multiple coverage options available)

1) Pesticide/Herbicide Applicators/Pool Chemicals Coverage? Yes No

If yes, are your employees licensed to apply pesticide/herbicides Yes No

Please provide the following:

Name(s):

License Number(s)

Expiration Date:

2) Are you requesting limited pollution liability coverage? (including off-site clean-up)

Yes No



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3) Are you requesting pollution legal liability coverage including 1st and 3rd party exposures?
Yes No

4) If you would like a quote for above ground storage tanks, complete the Above Ground Tanks questionnaire and pictures must be provided.

19. Club Professional Replacement Expense Coverage

Name(s) needed to activate coverage:

Manager:

Golf Pro:

Tennis Pro:

20. Umbrella Liability

Provide a completed Acord Umbrella application

21. Workers Compensation

Provide a completed Acord Workers Compensation application, experience modification worksheet, and an updated 4 year loss history.

22. Commercial Auto

Provide a completed Acord application.

23. Directors & Officers Liability

Do you want this coverage quoted?

Yes No

NOTE: If written through the Bollinger Program, Umbrella can become excess of the D&O coverage if requested.

24. Fiduciary Liability

Do you want this coverage quoted?

Yes No



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25. Employee Benefits Liability

Which employee benefit programs are covered by employee benefit liability insurance?

Have there been any claims in the past 5 years) made under this insurance? Yes No

If yes, please explain:

Do you have any knowledge of an occurrence that might lead to a claim under this coverage?

Yes No If yes, please explain:

Who administers your employee benefit programs and enrollment?

26. Golf Tournament/Special Event Coverage

A. Tournament/Event Cancellation Coverage

Does the club allow outings from outside parties that could be cancelled due to adverse weather?

Yes No

If yes, and the club would like to insure the potential loss of income due to cancellation or postponement, provide:

Event Date(s)

Insured Limit Requested

B. Hole in One Event/Tournament Coverage

Does the club host events where coverage for "hole-in-one" contests is needed? Yes No

If yes, and coverage is requested please provide the following for each date:

Name of Tournament(s)

Date of Event(s)

Participants (amateurs/professionals)

Hole #'s

Yardage

Prize values to insure

COMPLETED BY (PRINT OR TYPE NAME)

TITLE

SIGNATURE (INSURED)

DATE

(Continue to last page)



In addition to this completed and signed new business questionnaire, we require the following:

- Completed Acord applications, signed by the broker, on all lines of business that are being submitted. The Club's FEIN number must be included.
- A Statement of Values sheet including a complete COPE (construction, occupancy, protection, exposure) with number of stories, square footage and year of construction for all buildings to be covered. If the main building is older than 10 years, provide renovation dates and specifics.
- Four-year hard copy company loss runs – plus current year – for each coverage line to be quoted.
- Most recent audited financials or income and expense statement.
- Auto Acords must include a copy of driver(s) MVR and zip codes for each vehicle.
- A schedule of the Club's maintenance equipment with Replacement Cost Values.

Completed and signed questionnaires/applications must be provided if a quote is requested for any of the following:

- Limited Pollution Liability/Environmental Pollution Legal Liability
- Above Ground Storage Tank Liability
- Directors & Officers Liability (not for profit/for profit available)
- Fiduciary Liability

Additional Comments – Use separate sheet if necessary