



**GOLF FACILITIES PROPERTY AND LIABILITY
ADDITIONAL INFORMATION REQUEST**

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured And Other Named Insureds:

Covered Location:

Proposed Effective Date (mm/dd/yyyy):

Proposed Expiration Date (mm/dd/yyyy):

Name of Club:

Type: Private Semi-private Public Municipal

Number of Members: _____

Number of Rounds Played Annually: _____

Number of Holes: _____

Number of Employees: _____

1. Do you use a Management Company to support any part of your operations?..... Yes No

If yes, please provide the name of the Management Company: _____

REQUIRED ATTACHMENTS

- Completed, Signed, and Dated Travelers Eagle 3 Golf Facilities Supplemental Applications
- Completed ACORD Applications
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- Most recently valued financial statements

SPECIAL GOLF COURSE COVERAGE LIMITS INFORMATION

Deductible Options for coverage items 2 through 4 below: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

<p>2. Property of Members/Guests Miscellaneous Property (<i>choose from \$0 up to \$5,000 per person</i>): Coverage to apply to golf bags, golf clubs, golf carts, golf cars, tennis racquets, and related athletic equipment; and garments and other personal property owned by your members and guests while property is in your care, custody or control and at, or within 1000 feet of a location in the Declarations. No deductible applies and coverage is primary over any other applicable insurance. Coverage is per member or guest with no aggregate. Coverage is valued at Replacement Cost. Base coverage is at a \$1,500 Limit.</p>	\$
<p>3. Golf Club-Specific Property Limit of Coverage: Coverage applies to benches, ball washers, course markers and water coolers; flags, cups, and directional signals; tennis ball machines; outdoor furniture; outdoor grills, roasters or related cooking equipment; beverage carts; fences, nets and outdoor signs including score boards not attached to buildings; tents or canopies; paved walkways, paved golf car or cart paths, patios, bridges, and retaining walls; outdoor fountains; in-ground landscape sprinkler systems (including related equipment such as pumps, and control panels and systems) and underground wiring; lightning detection and alarm systems, light fixtures, poles and bells; misting systems; tennis or other recreational courts including their related equipment; swimming pools and related equipment; playground equipment; monuments; radio and television antennas including satellite dishes, GPS or cell phone antennas or towers; tools and other handheld equipment use to service or maintain your property including tools owned by employees; other permanently installed improvements or betterments described in the Declarations. Base coverage is at a \$250,000 Limit.</p>	\$
<p>4. Greens, Tees, Fairways, and Maintained Rough Limit of coverage Coverage applies to your golf course, greens, tees, fairways and rough areas at the described premises that are specifically designed and maintained for the game of golf including practice putting greens and practice driving areas and sand traps and bunkers. Base coverage is at a \$250,000 Limit.</p>	\$
<p>5. Trees, Plants, and Shrubs occurrence Limit of Coverage: Coverage applies to your outdoor trees, plants, and shrubs at the described premises. The limit is the most we will pay for loss or damage to all covered trees, plants and shrubs at each described premises per occurrence including debris removal. Base coverage is at a \$50,000 limit.</p>	\$
<p>6. Business Income and Extra Expense limit for golf course outdoor property and equipment: You may extend your business Income and Extra Expense limit to apply to loss caused by or resulting from direct physical loss of or damage to the coverage items selected on this application. Base coverage is at a \$50,000 limit with a 24hr waiting period.</p>	\$
<p>Golf Course Vehicles and Equipment Deductible Options for items 6 through 8: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000</p>	
<p>7. Scheduled Golf Course Vehicles and Equipment limit of coverage: (<i>Replacement Cost Applies</i>)</p>	\$
<p>8. Unscheduled Golf Course Vehicles and Equipment you own or regularly lease, rent or borrow: (<i>Replacement Cost Applies. Base coverage is \$25,000</i>)</p>	\$
<p>9. Golf Course Vehicles and Equipment you temporarily lease, rent or borrow from others: (<i>Replacement Cost Applies. Base coverage is \$25,000</i>)</p>	\$

General Operations

10. What Amenities are offered? (Check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Beauty Shops | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Fireworks Display | <input type="checkbox"/> Day Camp Service |
| <input type="checkbox"/> Tanning Beds | <input type="checkbox"/> Hunting | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Child Care/Babysitting |
| <input type="checkbox"/> Masseur/Masseuse | <input type="checkbox"/> Skeet/Trap Ranges | <input type="checkbox"/> Marina/Yacht Club | <input type="checkbox"/> Hotel or Guest Quarters |
| <input type="checkbox"/> Personal Trainers | <input type="checkbox"/> Ice Skating/Skiing | <input type="checkbox"/> Private Beach | |
| <input type="checkbox"/> Other - describe: _____ | | | |

Provide a brief description of these amenities and indicate those offered by insured sub-contractors:

11. Is the Golf Professional an: Employee Independent Contractor
12. Is the Pro Shop: Owned by the Club Operated Independently
- If operated independently, does the club obtain a Certificate of Insurance from the Pro Shop? Yes No
13. Are certificates of insurance naming the club as additional insured, obtained and kept in file for all contracted work? Yes No
14. Does the club have a formal written safety program? Yes No
15. Are contracts, risk transfer, and certificates required when hosting weddings/events? Yes No
16. Does the club host any PGA/LPGA or other Professional Tournaments? Yes No
17. Does the club have a lightning warning and notification system in place? Yes No

If yes, describe: _____

PROPERTY INFORMATION

18. What is the protection class of the property? _____
19. If Protection Class is 7 or higher, what is the source of water supply? _____
20. Distance to closest Fire Hydrant? _____ Distance to fire department? _____
21. Is the Fire Department: Paid Volunteer
22. List all buildings that are within 100 feet of the clubhouse:
- _____
- _____

23. The Clubhouse is protected by: (Check all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Central Station Sprinkler System with Alarm | <input type="checkbox"/> Central Station Burglar Alarm |
| <input type="checkbox"/> Central Station Smoke/Heat Alarm | <input type="checkbox"/> Local Alarm |
| <input type="checkbox"/> Security Guards | |
- If there are Security Guards, are they armed? Yes No
- Are they? Employees Vendors

Golf Carts and Maintenance Equipment

24. Total number of riding golf carts: _____ Gas Electric

25. Where are the golf carts stored? Under Clubhouse Separate storage building
26. If carts are stored in a section of the Clubhouse, is the storage area fully sprinklered? Yes No
27. If Electric carts are used, does the cart storage area have proper ventilation? Yes No
28. Is the Cart Building protected by (*Check all that apply*)
 Sprinkler System Central Station Smoke/Heat Alarm Central Station Burglar Alarm
29. Does the insured require a signed Golf Cart Rental Agreement for all renters of a golf cart? Yes No
30. Are any 3 wheel golf carts or Golf boards used? Yes No

Swimming Pool

31. Is insured compliant with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No
32. Number of pools on the premises: _____
33. Is the pool fenced with self-locking gates? Yes No
34. Are there any diving boards? Yes No
35. Number of diving boards: _____ Height in meters of diving boards: _____
36. Depth of pool at entry from the diving boards(s): _____ Deepest/Highest depth of pool: _____
37. Is there a water slide? Yes No
- Note: Provide pictures of diving boards over 1M high and all water slides*
38. Does the pool have visible depth markers? Yes No
39. Are lifeguards on duty? Yes No
If no, is a sign posted? Yes No
40. Does the club sponsor a swim or diving team? Yes No
If yes, are waivers required? Yes No
Does the club provide transportation to any swim or diving meets? Yes No

Snack Bar or Restaurant

41. Is the snack bar or restaurant operated by: Insured Concession
If concessionaire, does lessee provide certificates of insurance naming club as an additional insured? ... Yes No
42. Are all cooking facilities covered by a Wet UL300 compliant extinguishing system? Yes No
43. Is there a semi-annual inspection and maintenance contract for the extinguishing system? Yes No
44. Are the filters, hood and duct system cleaned professionally at least twice a year? Yes No

LIQUOR LIABILITY

45. What are the estimated annual receipts of all liquor, beer and wine sales? \$ _____
46. What are the estimated annual receipts of all food and beverage sales INCLUDING alcohol? \$ _____
47. Are bartenders, beverage cart operators or other wait staff who serve alcohol required to participate in TIPS or similar training? Yes No
48. Is there a Designated Driver Program or Call a Cab program in place? Yes No
49. Are any of the operations involving liquor contracted out to a third party? Yes No
50. Have any citations been issued for law violations? Yes No
51. Has your liquor license ever been revoked or suspended? Yes No
If yes, describe: _____

52. Has your Liquor Liability insurance coverage ever been declined, cancelled or non-renewed? Yes No
If yes, describe: _____

**Missouri applicants – do not answer this question

DWELLING OR HABITATIONAL INFORMATION

53. Do you have any Dwellings, Rental Property, Guest Rooms or Employees' Quarters? Yes No
If yes, describe the use of the property: _____

54. If the club has any habitational property, do they have the following: (*Check all that apply*)

<input type="checkbox"/> Fire extinguishers	<input type="checkbox"/> Carbon Monoxide Detection
<input type="checkbox"/> Hard-Wired Heat/Smoke Detection	<input type="checkbox"/> Central Station Burglar alarms
<input type="checkbox"/> Central Station Smoke/Heat alarms	<input type="checkbox"/> Second means of egress from the property

55. For any hotel/guest quarters, provide the total number of rooms available: _____

DAYCARE, DAY CAMPS, CLINICS AND BABYSITTING INFORMATION

56. Does the club provide daycare services? Yes No
Note: Daycare means long term childcare while parent/guardian is off the premises of the club.

57. Does the club provide babysitting services while parent/guardian is on the premises? Yes No

58. Does the club operate day camps or clinics? Yes No

59. Is Sexual Abuse or Molestation insurance coverage being requested? Yes No
If yes, complete the Abuse or Molestation Coverage supplemental application.

60. Does the club provide any transportation of children? Yes No
If yes, describe: _____

POLLUTION INFORMATION

Answer the following regarding storage of chemicals, including pesticides and fertilizers. (*use the additional information section at the end of this document to explain any NO answers*)

61. Are chemicals stored in a separate building? Yes No

62. Is the storage building/area locked when not in use? Yes No

63. Are warning signs posted in or around the storage area? Yes No

64. Is the storage building/area inspected for leaks, spills, corrosion, etc.? Yes No

65. Is the building vented? Yes No

66. Does the building include a floor drain with drainage to an approved receptacle? Yes No

67. Is there a written procedure in place to address the contingency of a chemical spill? Yes No
If yes, attach a copy

68. Are all persons who apply pesticides/herbicides licensed? Yes No
If no, does a licensed applicator directly supervise the application process? Yes No
Do you provide training to unlicensed employees? Yes No
(Provide copies of certification or license for each employee that is licensed)

69. Are applications of pesticides and fertilizers documented? Yes No

70. Have only EPA approved chemicals been used? Yes No

71. Do you post alerts that chemicals have been applied to the grounds? Yes No

72. Do you have procedures for disposition of pesticides and fertilizers? 9 Yes No
If yes, attach a copy

BUSINESS INCOME INFORMATION

73. Net Income or Loss before Taxes: \$ _____
74. All estimated pre-tax normal operating expenses for 12 months:
(E.g. rent, mortgage, taxes, salaries, fees, lease payments, insurance, utilities, etc.) \$ _____
75. Twelve month loss of Business Income (100% coinsurance): \$ _____
76. Twelve month "Ordinary Payroll" to be excluded, if any: \$ _____

Business Income covers payroll expense as a continuing expense unless ordinary payroll is limited or excluded. Ordinary payroll is payroll for employees other than officers, executives, department managers, or employees under contract. The insured greatly benefits from including payroll in the business income limit. This helps prevent employees from leaving to work for a competitor if they are not getting paid during the recovery period after a loss. To avoid dispute, attach a list of "ordinary payroll" employees and their income you wish to keep during the Period of Restoration.

77. Twelve month loss of Business Income (100%) \$ _____
78. Maximum amount of months it should take to get back into operations:
(If 6 months, use .5 (50% coinsurance); 12 months use 1.00 (100% coinsurance);
18 months, use 1.5 (150% coinsurance, etc.) _____
79. Loss of Business Income Limit: \$ _____
80. Extra Expense needed to continue operations during the "Period of Restoration":
(see Extra Expense Information below) \$ _____
81. Loss of Business Income and Extra Expense Limit: \$ _____

When contemplating Extra Expense you may encounter the following items including but not limited to overtime salaries, rental of temporary premises, rental of catering equipment, rental of computer equipment, rental of generators, rental of portable toilets, etc."

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X	Authorized Representative Name - Printed	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.