



# THE PRIVATE GOLF & COUNTRY CLUB PROGRAM QUESTIONNAIRE

Name/Mailing Address/Zip Code:

Location Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Locations (enter "same" if as above)

\_\_\_\_\_

Club Manager Contact: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

## Ownership:

Member Owned

Corporately Owned

Partnership

Individually, Privately Owned

## Club Status:

Club is Non-Profit Corporation: (501C) Yes ( ) No ( )

Number of Members: \_\_\_\_\_ Private \_\_\_\_\_

## Main Clubhouse:

Type of Construction: \_\_\_\_\_ Square Feet of Building: \_\_\_\_\_ Age of Building: \_\_\_\_\_

Central Station Alarm/Heat and Smoke Detection System? Yes ( ) No ( ) Battery Backup? Yes ( ) No ( )

Local Smoke Alarms? Yes ( ) No ( ) Battery Powered? \_\_\_\_\_ Hand Wired? \_\_\_\_\_

Sprinkler System? Yes ( ) No ( ) Wet Yes ( ) No ( ) Dry Yes ( ) No ( )

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

Cleaning Service? Yes ( ) No ( ) How Often? \_\_\_\_\_

## **Note:**

**THE SYSTEM MUST ALSO HAVE A MANUAL RELEASE AWAY FROM THE COOKING AREA.**

If building is over 25 years old, need year the following were updated:

Electrical \_\_\_\_\_ Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_

Is the main clubhouse closed during off-season? Yes ( ) No ( ) If yes, when and for how long? \_\_\_\_\_

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

## GOLF

Number of courses \_\_\_\_\_ Number of Holes \_\_\_\_\_ Driving Range? Yes ( ) No ( )

Golf Carts: Number of Carts \_\_\_\_\_ Owned \_\_\_\_\_ Leased \_\_\_\_\_ # Gas \_\_\_\_\_ #Electric \_\_\_\_\_

Who is responsible for maintenance of golf carts? \_\_\_\_\_

If leased, are Certificates of Insurance obtained naming the Club as Additional Insured? Yes ( ) No ( )

Are there operators under the age of 18? Yes ( ) No ( ) If yes, explain: \_\_\_\_\_

Who is responsible for insuring golf carts? Club \_\_\_\_\_ Pro \_\_\_\_\_ Lessor \_\_\_\_\_

Are there Professional or Major Amateur Events planned during the next three years? (Please explain)

Name of Golf Professional: \_\_\_\_\_

Is he/she an Independent Contractor? \_\_\_\_\_ Club Employee? \_\_\_\_\_

Is the Pro Shop operated by: Club \_\_\_\_\_ Operated by Golf Professional \_\_\_\_\_

**If independently operated, please provide the Pro Shop's insurance carrier name, term of policy and coverage limits.**

Who is the Bailee for members' golf clubs? Club \_\_\_\_\_ Pro \_\_\_\_\_

Total value members' golf clubs stored at Club? \$ \_\_\_\_\_

Are there any plans to remodel the Club or make a major capitol purchase during the next policy period? Yes ( ) No ( )

If yes, explain in detail. – Use separate sheet if necessary: \_\_\_\_\_

## TENNIS

# of Outdoor Courts: \_\_\_\_ # of Indoor Courts: \_\_\_\_ Outdoor courts lighted for nighttime play? Yes ( ) No ( )

Tennis Bubbles? Yes ( ) No ( ) # and Age of bubbles: \_\_\_\_\_

How supported: \_\_\_\_\_

Name of Tennis Professional: \_\_\_\_\_

Is he/she an Independent Contractor? Yes ( ) No ( ) Club Employee? Yes ( ) No ( )

Is the Tennis Shop operated by the Club? Yes ( ) No ( ) Operated by Tennis Professional? Yes ( ) No ( )

## PLATFORM TENNIS

Number of Courts: \_\_\_\_ Construction: \_\_\_\_\_

Lighted for nighttime play? Yes ( ) No ( ) Heating of Courts? Yes ( ) No ( ) Electric? \_\_\_\_ Gas? \_\_\_\_

Are Certificates of Insurance obtained naming **Club as Additional Insured on all contracted work**? Yes ( ) No ( )

## SWIMMING

Pool: \_\_\_\_ Kiddie Pool: \_\_\_\_ Lake: \_\_\_\_ Pond: \_\_\_\_ Ocean: \_\_\_\_

Number of Certified life-guards: \_\_\_\_ Hours of pool operation: \_\_\_\_\_

Is pool fenced or protected by perimeter protection at least four feet high? Yes ( ) No ( )

Do they have self-closing gates? Yes ( ) No ( ) Are rules posted? Yes ( ) No ( )

Number of diving boards: \_\_\_\_ Describe: \_\_\_\_\_

Height: \_\_\_\_ Competitive Use? Yes ( ) No ( )

Depth of Pool in Diving Area? \_\_\_\_ Clearly marked? Yes ( ) No ( )

Water Slides? Yes ( ) No ( ) If yes, please describe: \_\_\_\_\_

**WATERCRAFT**

(NOTE: Powerboats with more than 50 HP or sailboats over 26 feet cannot be insured in our program!)

Number of owned watercraft:

1. Canoes \_\_\_\_\_

2. Rowboats \_\_\_\_\_

3. Powerboats \_\_\_\_\_ 50 HP or under \_\_\_\_\_ Over 50 HP \_\_\_\_\_

4. Sailboats \_\_\_\_\_ Under 26 feet \_\_\_\_\_ 26 feet or over \_\_\_\_\_

**OTHER CLUB ACTIVITIES**

\_\_\_\_ Skeeet/Trap Ranges    \_\_\_\_ Snowmobiling    \_\_\_\_ Jacuzzi/Saunas    \_\_\_\_ Baby Sitting/Child Care

\_\_\_\_ Saddle Animals    \_\_\_\_ Downhill Skiing    \_\_\_\_ Weight Room    \_\_\_\_ Day Camps

\_\_\_\_ Ice Skating    \_\_\_\_ Barbershop    \_\_\_\_ Steam Room    \_\_\_\_ Sledding

\_\_\_\_ Masseur/Masseuse    \_\_\_\_ Tanning Beds    \_\_\_\_ Cross-Country Skiing    \_\_\_\_ Fitness Trainer

\_\_\_\_ Health Club Facilities/Spa    Other: \_\_\_\_\_

Overnight facilities for \_\_\_\_ members \_\_\_\_ members guests?

If so, # of rooms or apartments available and how often: \_\_\_\_\_

Overnight facilities for Employees? Yes ( ) No ( ) If yes, # of employees and how often: \_\_\_\_\_

Are the Clubs' facilities loaned or rented to members, non-member organizations or non-member individuals?

Yes ( ) No ( ) If yes, describe: \_\_\_\_\_

Does the Club have a dance floor and offer live entertainment? Yes ( ) No ( ) If yes, describe type of entertainment and how often: \_\_\_\_\_

**FIREWORKS DISPLAYS**

Does the Club provide fireworks displays? Yes ( ) No ( ) If yes, how many per year? \_\_\_\_\_

Does the Club subcontract the fireworks displays? Yes ( ) No ( )

If yes, are certificates of insurance obtained naming the Club as additional insured? Yes ( ) No ( )

**NOTE: The subcontractor must carry liability limits equal to or greater than the Club's.**

**JUNIOR PROGRAM**

Sporting Activities for which Junior Program exist: \_\_\_\_\_

Do Junior teams travel to compete at other clubs? Yes ( ) No ( ) Form of transportation: \_\_\_\_\_

**OTHER**

List the Club involvement with any special events, promotions, sponsorships or activities that involve the general public. Please explain: \_\_\_\_\_  
\_\_\_\_\_

**RESAURANT AND/OR SNACK BAR**

Operated by Club? Yes ( ) No ( ) Concessionaire? Yes ( ) No ( )

If Concessionaire, are Certificates of Insurance obtained naming the Club as Additional Insured? Yes ( ) No ( )

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 ( )

Gross Revenue (less initiation fees and interest income): \_\_\_\_\_ Restaurant (not including liquor): \_\_\_\_\_

Gross Liquor Receipts (excluding non-alcoholic beverages): \_\_\_\_\_ Restaurant \_\_\_\_\_

What hours are alcoholic beverages served? \_\_\_\_\_

**CRIME / CHECK SIGNING PROCEDURES**

Check countersignature required? Yes ( ) No ( )

**(MUST BE COUNTERSIGNED OVER \$2,500. REQUIREMENT OF PROGRAM)**

Please list all persons who have check signing authority and their respective dollar limit:

<b>Name</b>	<b>Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____

Does club handle cash transactions? Yes ( ) No ( ) Charged only to member accounts? Yes ( ) No ( )

Does club require member account numbers to be used on all transactions? Yes ( ) No ( )

Does club offer any credit charge facilities outside of member account charges? Yes ( ) No ( )

Do any events bring in unusually large sums of cash? Yes ( ) No ( )

### **VALET PARKING INFORMATION**

Does the Club provide valet parking? Yes ( ) No ( ) By: Club Employees? \_\_\_\_ Outside Contractor? \_\_\_\_

If contractor used, are Certificates of Insurance obtained naming the Club as Additional Insured? Yes ( ) No ( )

Briefly explain the procedure used: \_\_\_\_\_

### **FLOOD/EARTHQUAKE COVERAGE**

**If this coverage is desired, please complete the following:**

Is Club eligible for Emergency Flood Program Insurance? Yes ( ) No ( )

Is Club eligible for National Flood Program Insurance? Yes ( ) No ( ) Flood Zone (Please circle) **A V B C X D**

### **COASTAL PROPERTIES (must be completed)**

Are any buildings within 1000 feet of a body of water? Yes ( ) No ( ) Miles from Gulf \_\_\_\_ Bay \_\_\_\_ Ocean \_\_\_\_

### **EMPLOYEE INFORMATION**

Number of Employees: Full-Time \_\_\_\_\_ (full time employees = 32 hours per week)

Part-Time \_\_\_\_\_ Seasonal \_\_\_\_\_ Leased \_\_\_\_\_ Number of Proprietary members: \_\_\_\_\_

### **EMPLOYEE BENEFITS**

What benefit programs are covered by insurance? \_\_\_\_\_

Has there been any prior claim (past 5 years) to this line of coverage? Yes ( ) No ( ) If yes, please explain:

Does applicant have any knowledge of any occurrence that might lead to a claim under this coverage? Yes ( ) No ( )

If yes, explain fully: \_\_\_\_\_

Who administers the benefit programs and enrollment? \_\_\_\_\_

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date

**ADDITIONAL COMMENTS/REMARKS: (USE SEPARATE SHEET OF PAPER IF NECESSARY)**