



**THE PRIVATE GOLF & COUNTRY CLUB PROGRAM QUESTIONNAIRE**

**Name/Mailing Address/Zip Code:**

**Location Address**

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

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

Club Manager Contact: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

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

**Ownership:**

Member Owned      Corporately Owned      Partnership      Individually, Privately Owned

If there is more than one Named Insured, please list each one and describe their relationship to the club. (Please use a separate sheet, if necessary.)

Named Insured \_\_\_\_\_ Relationship to Club \_\_\_\_\_

Named Insured \_\_\_\_\_ Relationship to Club \_\_\_\_\_

**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? \_\_\_\_\_ Hard Wired? \_\_\_\_\_

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

Is there a sprinkler maintenance contract in place? Yes ( ) No ( )

If so, how often is system tested? \_\_\_\_\_

Name of sprinkler maintenance contractor? \_\_\_\_\_

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

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

Is the kitchen UL300 compliant?    Yes ( )      No ( )

**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 \_\_\_\_\_

What is the protection class of the property? \_\_\_\_\_ If the protection class is 8 or higher, what is the water supply? \_\_\_\_\_

What is the distance to the nearest Fire Department ? \_\_\_\_\_

Is the Fire Department paid or volunteer? \_\_\_\_\_

What is the distance to the nearest Fire Hydrant? \_\_\_\_\_

What buildings are within 50 feet of the clubhouse? \_\_\_\_\_

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:

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## 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:

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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. Powerboat \_\_\_\_\_ 50 HP or under \_\_\_\_\_ Over 50 HP \_\_\_\_\_
- 4. Sailboats \_\_\_\_\_ Under 26 ft \_\_\_\_\_ 26 ft or over \_\_\_\_\_

**OTHER CLUB ACTIVITIES:**

\_\_\_\_\_ Skeet/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 Programs 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:

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

**RESTAURANT 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 Revenues (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: (If incomplete, coverage will not be provided.)**

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

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

**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 enrollments?

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Insured Signature

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Date

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

# GOLF COURSE OR COUNTRY CLUB POLLUTION LIABILITY SUPPLEMENTAL COMMERCIAL GENERAL LIABILITY APPLICATION

<b>Applicant:</b>	<b>Agent:</b>
<b>Supporting Policies:</b>	<b>Effective Date:</b> <b>Expiration Date:</b>
<b>Limits of Insurance:</b>	<b>Retroactive Effective Date:</b>
<b>Number of Holes on Golf Course:</b>	<b>Deductible:</b> <input type="checkbox"/> None <input type="checkbox"/> \$5,000
<b>Number of Swimming Pools:</b>	

1. Please attach your inventory of pesticides (including herbicides and fungicides), fertilizers and pool chemicals and include the following information:

<u>Common Name</u>	<u>Product/Trade/Brand Name</u>	<u>Chemical Name</u>	<u>CAS Number</u> *
<u>R/U**</u>			
<u>Use Frequency</u>			

\* Chemical Abstract Services number      \*\* EPA safety-related classification: R = Restricted-use U = Unclassified

2. Do you hire an independent contractor(s) to apply pesticides, herbicides, fungicides or fertilizers on your premises or pool chemicals in your swimming pools, whirlpools or spas?

Yes, for pesticide etc. application     Yes, for pool chemical application     No contractors used

If yes, does such contractor(s) hold any applicable registered applicators license or certification (or state equivalent), and do all the contractor's unlicensed employees who handle pesticide or pool chemicals operate under the direct supervision of a licensed or certified applicator?

Yes     No

Do you require and maintain on file certificates of insurance which confirm that the independent contractor(s) has in force liability insurance each type of chemical application performed?

Yes     No

If yes, indicate the minimum limits of liability that you require:

\_\_\_\_\_

How long have you been using each contractor to apply pesticides, fertilizers or pool chemicals? \_\_\_\_\_

3. Do all your employees who handle pesticides or pool chemicals hold any applicable registered applicators license or certification (or state equivalent), or are they under the direct supervision of a licensed or certified applicator?

Yes     No     All pesticide, fertilizer and pool chemical applications are performed by a contractor

4. Do you have written procedures for pesticide, fertilizer and pool chemical preparations and applications?

Yes     No     All pesticide, fertilizer and pool chemical applications are performed by a contractor

5. Do you maintain on file Material Safety Data Sheets (MSDS) for all chemicals that you use or store?

Yes     No     No pesticides, fertilizers or pool chemicals are stored on premises and all applications are performed by a contractor

6. Are records maintained of all applications, including the date and time of the application, the weather conditions, the purpose, the pesticide, fertilizer or pool chemical used, the amount applied, the name of the individual applying such chemicals, and any other pertinent information?

Yes     No    If yes, how long do you maintain these records: \_\_\_\_\_



# THE PRIVATE GOLF & COUNTRY CLUB PROGRAM

## STATEMENT OF VALUES

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

- (1) Frame, Masonry, Joisted Masonry, Non-Combustible (Steel)
- (2) Sprinklers, Burglar Alarms, Central Station, Local Gong
- (3) Values are "Replacement Cost"

Item No.	Address/Location	Construction (1) Type	Occupancy	Square Feet	Age	Protection (2)	Building (3) Value	Personal (3) Property Value
<b>TOTALS</b>								

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_



**THE PRIVATE GOLF & COUNTRY CLUB PROGRAM - FIDUCIARY QUESTIONNAIRE**

Name of Club: \_\_\_\_\_

Is the plan is administered by: \_\_\_\_\_ a bank or trust company \_\_\_\_\_ an insurance company \_\_\_\_\_ the Club \_\_\_\_\_ other

If other, please explain: \_\_\_\_\_

If the plan does not retain an independent investment manager, who does make the investment decisions? \_\_\_\_\_

Does the plan conform to the standards of eligibility, participation, investing, funding and other provisions of ERISA of 1974?

Yes ( ) No ( ) If no, please explain: \_\_\_\_\_

Has the plan been reviewed to assure that there are no violations of prohibited transactions and party-in-interest rules? Yes ( ) No ( )

If no, please explain: \_\_\_\_\_

Is the plan adequately funded as attested by an actuary? Yes ( ) No ( ) If no explain: \_\_\_\_\_

What is the asset size of the plan? \_\_\_\_\_ (Please attach copy of Club's Form 5500)

**Past Activities:**

Has the Club, its employees, or any fiduciary for whom insurance will be provided been:

Accused, found guilty or held liable for a breach or trust? Yes ( ) No ( )

Refused coverage under a fidelity bond? Yes ( ) No ( )

Found guilty of a criminal complaint? Yes ( ) No ( )

If yes to any of the above, please explain \_\_\_\_\_

Have any claims (other than for benefits) been made during the past five years against the Club, its employees, the plan or any of the current or past fiduciaries? Yes ( ) No ( ) If yes, please attach details

**Prior Insurance:**

Has your Club or any Subsidiary had previous Fiduciary Liability or Employee Benefits Liability insurance? Yes ( ) No ( )

Have any loss payments been made under any Fiduciary Liability or Employee Benefits Liability policy or similarly insurance?

Yes ( ) No ( ) If yes, please attach full details.

Has the Club or any Insured Person(s) given written notice under the provisions of any prior to current Fiduciary Liability or Employee

Benefits Liability insurance of specific facts or circumstances that might give rise to a claim being made against any Insured Person(s) or any Benefit Program(s)?

Yes ( ) No ( ) If yes, attach full details.

**Prior Knowledge:**

It is important that you fill in the blank in this paragraph.

No person proposed for coverage is aware of any facts or circumstances which (a) he or she has reason to suppose might afford valid grounds for any future claim(s) that would fall within the scope of the proposed coverage, or (b) indicate the probability of any future claim(s) except:

\_\_\_\_\_ (If no exceptions, so state.)

It is agreed that if facts or circumstances exist, any claim or action arising therefrom is excluded from this proposed coverage.

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Title (President, Vice President or Treasurer)