

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: _____

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. 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:

Name	Amount
_____	_____
_____	_____
_____	_____
_____	_____

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 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 enrollments? _____

Insured Signature

Date

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

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

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

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>			

Use Frequency

* 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: _____

7. Are warning signs posted to notify the public or guests when pesticides have been applied?
 Yes No
- If yes, do the warning signs include the following information:
- | | | |
|---|------------------------------|-----------------------------|
| a. Dates of last application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Areas treated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pesticides used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Proposed dates of next applications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Name and phone number of person to contact for additional information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
8. Do all your employees who handle pesticides or pool chemicals receive regular training by a licensed or certified applicator with respect to the following:
- | | | |
|---|------------------------------|-----------------------------|
| a. Pest recognition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Pesticide and fertilizer selection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Safe storage, handling, application and disposal of such chemicals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Maintenance and use of application equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
9. Are your pesticides and fertilizers stored in accordance with label requirements, the National Fire Protection Association (NFPA) codes 434 and 30, and any applicable regulation or ordinance?
 Yes No No pesticides or fertilizers are stored on your premises
10. Is the Pesticide Storage Building/Room completely enclosed by a 4" sill? Yes No
(Note: This is a requirement of the program!)
11. Are your pool chemicals stored in accordance with label requirements, the National Fire Protection Association (NFPA) codes 434 and 430, and any applicable regulation or ordinance?
 Yes No No pool chemicals are stored on your premises
12. Are all pesticide or fertilizer mixing operations conducted on an impervious foundation or artificial ground cover, and as far away from drinking water supplies as possible?
 Yes No No mixing of pesticides or fertilizers are conducted on premises
13. Is disposal of pesticides, fertilizers, pool chemicals and their containers in accordance with labels, EPA procedures and any local or state requirements?
 Yes No
14. Are your country club or golf course premises located on the site of a former landfill?
 Yes No
15. Indicate the distance of your premises to any source of drinking water (e.g.; reservoirs, wells or water mains)_____.
16. Do you discharge chemically treated pool water into public waterways?
 Yes No
- If yes, are the steps taken to ensure the discharged pool water is compliant with the permissible exposure limits (PELs) allowed in your area?
 Yes No
17. Have you (a) received any EPA complaints or charges, or (b) been subject to an EPA investigation, or an administrative or judicial order in the past five years?
 Yes No If yes, please attach copy of charge(s) or order(s)

(APPLICANT SIGNATURE)

(TITLE)

(DATE)

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
TOTALS								

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)