



GOLF COURSE AND COUNTRY CLUB SUPPLEMENTAL APPLICATION

SECTION A: Applicant Information

1. Applicant Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Location Address (if different from above): _____
Website: _____ Phone Number: _____
2. Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business Information

1. Description of operations: _____

2. Club owner/manager name: _____ Phone Number: _____
3. Describe prior owner/manager experience: _____
4. Check the type of course below:
☐ Public Course (daily fee) ☐ Semi-Private ☐ Private ☐ Municipal ☐ Resort
5. Check the type of course below:
☐ Regulation ☐ Par 3 ☐ Executive ☐ Other: _____
6. Is the course operational 12 months out of the year? ☐ Yes ☐ No
If no, explain security of the premises in off season and what is done to prevent frozen water pipes in winter, if applicable:

7. For states bordering the ocean, describe distance to coast: _____

SECTION C: Operations Information

1. Explain any non-golf activities such as tennis, horseback riding, ice skating, sledding, snowmobile, ATV, fireworks, skeet/trap shooting, babysitting, boats, etc. that are done at premises (excluding swimming):

2. Is any equipment rented to participants for any activities? ☐ Yes ☐ No
3. Is this club a "soft spike only" facility? ☐ Yes ☐ No
4. Is there a lightning detection/notification system? ☐ Yes ☐ No
If yes, explain: _____
5. Are any roofs, electrical systems, or heating or plumbing systems over 25 years old? ☐ Yes ☐ No
If yes, have they been upgraded? ☐ Yes ☐ No
If yes, when was each system upgraded? _____
6. Are any buildings less than 65% occupied? ☐ Yes ☐ No
If yes, explain: _____
7. If tile floors are in any indoor area, is skid resistant material applied? ☐ Yes ☐ No
8. Is the course sprinkler system electronically controlled? ☐ Yes ☐ No
If yes, is the entire system grounded? ☐ Yes ☐ No
If yes, how often is the system checked for property grounding? _____
9. Does this facility require all golfers to sign a hold harmless agreement which holds the course harmless for injuries to themselves and from injuries the golfers cause to others? ☐ Yes ☐ No

SECTION D: Restaurant/Snack Bar Information ☐ N/A

1. Is there a snack bar or restaurant on premises? ☐ Yes ☐ No
2. Is restaurant/snack bar operated by the Insured or Concession? _____
If concession, does lessee provide insured with certificated of insurance with limits equal to those carried by insured and naming insured as an additional insured? ☐ Yes ☐ No
3. State the seating capacity for the restaurant/snack bar: _____ seating capacity for bar: _____

SECTION E: Kitchen Area Information

1. Is any cooking equipment over ten years old? ☐ Yes ☐ No
If yes, please describe: _____
2. State the number and age of the following:
- | | | | |
|----------------------------------|------------|-------------------------|------------|
| Number of Deep Fat Fryers: _____ | Age: _____ | Number of Ranges: _____ | Age: _____ |
| Number of Broilers: _____ | Age: _____ | Number of Ovens: _____ | Age: _____ |
| Number of Grills: _____ | Age: _____ | Other: _____ | Age: _____ |
3. Select which of the following are used for deep fat fryers:
☐ Animal Oil/Fat: ☐ Vegetable Oil ☐ Other: _____
4. Do deep fat fryers have high limit temperature controls? ☐ Yes ☐ No
5. Is there "at least" sixteen inches clearance between any deep fat fryers and any surface flames associated with adjacent appliances? ☐ Yes ☐ No
6. State the type of fuel used: _____ Are automatic fuel shut offs installed? ☐ Yes ☐ No
7. Are all cooking appliances covered with an exhaust hood or duct system? ☐ Yes ☐ No
8. Are all light units beneath the hood equipped with glass globes and steel cages? ☐ Yes ☐ No
9. Is exhaust duct termination through the roof? ☐ Yes ☐ No
10. Is exhaust duct termination through the exterior wall? ☐ Yes ☐ No
If yes, explain if there are any openings above: _____
11. State any other area exhaust system is terminated through: _____
12. State hood and duct cleaning frequency: _____ Done by insured or contracted out? _____
13. Select below the type of automatic extinguishing system:
☐ CO2 ☐ Dry Chemical ☐ Water Mist ☐ Wet Chemical (saponification)
☐ Other: _____
14. State the age of the extinguishing system: _____ Is system UL300 compliant? ☐ Yes ☐ No
15. State extinguishing system inspection/servicing frequency and date of last inspection: _____
Contractor name: _____ Phone Number: _____
16. Are kitchens equipped with BC or K fire extinguisher(s)? ☐ Yes ☐ No
Date of last inspection: _____
17. Is kitchen protected by automatic sprinkler systems? ☐ Yes ☐ No
If yes, state if wet or dry system: _____
18. Is sprinkler system on a service contract?
If yes, how often is system inspected: _____ Date of last inspection: _____

SECTION F: Alcoholic Beverage Information *(Please complete if requesting Liquor Law Liability Coverage)*

1. Select below all types of alcohol served:
☐ Liquor ☐ Beer ☐ Wine
2. Is alcohol served by Insured? ☐ Yes ☐ No
If no, explain by whom alcohol is served: _____
3. Have there been any previous liquor violations? ☐ Yes ☐ No
4. Have there been any previous suspensions or revocation of liquor license? ☐ Yes ☐ No

5. Is management notified prior to "shutting off" patrons? ☐ Yes ☐ No
6. Is a log kept for all liquor related incidents? ☐ Yes ☐ No
7. Is alcohol consumption allowed out on the course? ☐ Yes ☐ No
8. If alcohol is sold by others, are certificates of insurance required to name insured as additional insured? ☐ Yes ☐ No
9. State the hours of operation: _____
10. Do bartenders and/or wait staff participate in alcohol service training programs (TIPS, etc.) ☐ Yes ☐ No
11. Are all servers over legal drinking age? ☐ Yes ☐ No
12. Are bouncers used? ☐ Yes ☐ No
13. Are signs posted for legal drinking age? ☐ Yes ☐ No
14. Are ride services available for intoxicated patrons? ☐ Yes ☐ No
15. Is there a dance floor on premises? ☐ Yes ☐ No
If yes, state the size in square footage: _____
16. Is there any other entertainment? ☐ Yes ☐ No
If yes, state type and frequency: _____

SECTION G: Golf Cart Information ☐ N/A

1. State the number of golf carts owned: _____ No. leased: _____ No. of 3 wheeled golf carts: _____
2. If carts are leased, does lessor provide insured with certificates of insurance with equal to those carried by insured and naming insured as an additional insured? ☐ Yes ☐ No
3. Explain security for carts to prevent theft and/or vandalism after hours: _____
4. Does insured require a hold harmless agreement be signed for all persons leasing a golf cart? ☐ Yes ☐ No
If yes, attach a copy of the agreement
5. Does the club permit any cart usage from persons under 16 years old and/or unlicensed? ☐ Yes ☐ No
6. Does the club maintain a storage, service, and battery charging facility? ☐ Yes ☐ No
If yes, are electrical systems designed for battery recharging operations? ☐ Yes ☐ No
Describe any other operations conducted in this facility: _____

SECTION H: Swimming Pool Information ☐ N/A

1. State number of swimming pools: _____ Indoor or outdoor: _____ Hours of operation: _____
2. Is the pool open to the public or members only? _____
If members only, is there a pool membership charge? _____
3. Are pools fully fenced? ☐ Yes ☐ No
Do they have self-latching doors or gates? ☐ Yes ☐ No
4. Are there any diving boards or pool slides? ☐ Yes ☐ No
If yes, please describe: _____
5. Is adult supervision required for children under 12 years old? ☐ Yes ☐ No
6. Are there lifeguards on duty? ☐ Yes ☐ No
If yes, state how many: _____ Hours on duty: _____
Explain lifeguard training procedures and requirements: _____
Are the lifeguard's training certificates posted and available? ☐ Yes ☐ No
7. State pool depth range: _____
Are pool depths adequately marked? ☐ Yes ☐ No
Is a flotation rope installed for depths greater than 6 feet? ☐ Yes ☐ No
8. Are there non-slip decks and walkways? ☐ Yes ☐ No
9. Are handrails installed on steps and ladders? ☐ Yes ☐ No
10. Are pool chemicals properly stored? ☐ Yes ☐ No

11. Is glass restricted in pool area? ☐ Yes ☐ No
12. If necessary, are anti-vortex drain covers installed? ☐ Yes ☐ No
13. Are GFCI breakers/outlets installed? ☐ Yes ☐ No
14. Are pool rules posted? ☐ Yes ☐ No
15. Is lifesaving equipment present and visible? ☐ Yes ☐ No
16. Does pool comply with the requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? ☐ Yes ☐ No

SECTION I: Pro Shop Information ☐ N/A

1. Is the pro shop on premises operated by the insured? ☐ Yes ☐ No
2. Is the pro shop on premises leased to golf pro or others? ☐ Yes ☐ No
3. If yes, does the lessee provide the insured with certificates of insurance with limits equal to those carried by insured and naming insured as additional insured? ☐ Yes ☐ No
4. Is the real property protected by a central station burglar alarm? ☐ Yes ☐ No
If yes, which buildings? _____
5. Is the real property protected by a central station fire alarm? ☐ Yes ☐ No
If yes, which buildings? _____

SECTION J: Pollution Information

1. Are herbicides/pesticides applied on premises? ☐ Yes ☐ No
2. Are herbicides/pesticides applied off premises? ☐ Yes ☐ No
3. Who applies herbicides/pesticides? _____
4. Is applicator's license up to date? ☐ Yes ☐ No
5. Are all chemicals E.P.A. approved? ☐ Yes ☐ No
6. Where are chemicals stored? _____ Mixed? _____ Disposed of? _____
Is storage facility access restricted? ☐ Yes ☐ No
Describe any other operations conducted in this facility: _____
7. Describe storage facility for flammable liquids (gasoline, diesel, paints, etc.): _____
Are UL listed containers used for storage and dispensing? ☐ Yes ☐ No
Is electrical system UL listed for this facility? ☐ Yes ☐ No
8. Are there above or underground gasoline or chemical storage tanks on premises? ☐ Yes ☐ No
If yes, explain spill containment safeguards: _____

SECTION K: Coverage Information

1. Complete if coverage is requested for the following:
Stop Gap Liability: _____ Total Payroll: _____
Non-owned & Hired Automobile: Limit: _____ Hired Auto: _____ No. of employees: _____
2. Expiration date of present coverage: _____ Are you presently insuring this risk? ☐ Yes ☐ No
3. Provide gross annual receipts from the golf course business arising out of the following?
Membership fees: \$ _____ Cart rentals: \$ _____
Snack bar: \$ _____ Restaurant: \$ _____
Liquor/beer/wine: \$ _____ Driving range receipts: \$ _____
Greens fees (public/semiprivate): \$ _____ Guest greens fees (private): \$ _____
Pro shop sales (clubs, clothing, balls...): \$ _____ Other (explain): \$ _____
Private function receipts (wedding, etc.): \$ _____ Other: _____
Total annual gross receipts: \$ _____
4. Number of 9-hole rounds annually: _____ Average cost for 9-hole round: _____
5. Number of 18-hole rounds annually: _____ Average cost for 18-hole round: _____

SECTION L: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____