



GOLF AND COUNTRY CLUB SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Completed, signed, and dated PHLV Golf and Country Club Application
- Completed ACORD Application(s)
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- Plot plan of clubhouse, cart barn, and equipment storage buildings
- Web site address

GENERAL INFORMATION

1. Club Name: _____
2. Number of members: _____
3. Number of holes: _____
4. Number of employees: _____
5. FEIN: _____

6. Estimated Gross Annual Receipts* for the following:

** Question six (6) does not need to be completed if an annual income statement or latest audited financials are included in the submission.*

a.	Membership dues / initiation fees	\$
b.	All other fees (Greens, Golf Carts, Locker Rooms, Tournaments, etc.)	\$
c.	Pro Shop revenue (if owned)	\$
d.	Snack bar / restaurant receipts (other than Liquor)	\$
e.	Liquor sales	\$

7. Number of rounds played per year: _____

8. Amenities offered (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Beauty Shops | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Child Care / Day Camp Service | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Baby Sitting Service | <input type="checkbox"/> Skeet / Trap Ranges |
| <input type="checkbox"/> Hotel or Guest Quarters | <input type="checkbox"/> Private Beach |
| <input type="checkbox"/> Aerobics / Fitness Center | <input type="checkbox"/> Marina / Yacht Club |
| <input type="checkbox"/> Steam Room / Saunas / Tanning Beds | <input type="checkbox"/> Watercraft |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Other - Please describe below: |

Please provide a brief description of these amenities:

9. Do you have a PGA Professional on staff? Yes No

Is the Golf Professional an: Employee Independent contractor N/A

Is the Golf Shop: Owned by the club Operated independently

Does the club obtain a certificate of insurance from the Professional? Yes No

If operated independently what is the square footage of the leased premises: _____

10. Are certificates of insurance, which include naming the club as an additional insured, obtained and kept in file for all contracted work? Yes No

PROPERTY

1. What is the protection class of the property: _____
If Protection Class is 7 or higher, what is the source of water supply: _____
2. Distance to closest fire hydrant: _____ Distance to fire department: _____
Is the fire department: Paid Volunteer
3. Does the property have aluminum wiring? Yes No
If yes, has it been retrofitted with one of the PHLA approved connectors (below) by a
licensed electrician? Yes No
Indicate which one: COPALUM? Yes No AlumiConn? Yes No
Date updated: _____

GOLF CARTS AND GOLF COURSE

1. Total number of riding golf carts: _____
 2. Golf carts are: Owned Leased
 3. Where are golf carts stored: _____
 4. If stored under the clubhouse, is there a firewall between the ceiling of the cart
storage and the clubhouse floor? Yes No
 5. How powered: Gas Electric/Battery
 6. If gas carts, does the cart barn building have proper ventilation? Yes No
 7. When was the last electrical maintenance visit performed: _____
 8. Does the insured require a signed Golf Cart Rental Agreement for all renters of a cart? Yes No
 9. Does the rental agreement include the procedures for the safe use of the cart? Yes No
 10. Does the club have a lightning warning and notification system in place? Yes No
If yes, please describe: _____
11. A signature tree located on the club's golf course grounds can be covered up to \$50,000 per
tree. If the club has a signature tree that it would like to cover; please describe the type and
location of the tree and provide a photo.

12. Does the club apply pesticides, herbicides, or fertilizers to its golf course grounds or is that
service provided by a contractor? Yes No
If contracted out, does the club obtain certificates of insurance confirming pollution liability
coverage from all contractors? Yes No
If the club performs the work, are all applicators certified and registered by a federal or state
agency to use pesticides, herbicides, or fertilizers? Yes No

MAINTENANCE EQUIPMENT

1. Where is the maintenance equipment stored: _____
2. How much value is stored at one time: \$ _____

SWIMMING POOL

N/A

1. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa
Safety Act? If no, provide timetable and action plan: Yes No
2. Number of pools on premises: _____
3. Is the pool fenced? Yes No

4. Number of diving boards: _____ Height of diving board(s): _____
 Depth of pool at entry from the diving board(s): _____
If you have a diving board over three (3) meters attach a photo.
5. Does the club have any water slides? **If yes, attach a photo.** Yes No
6. Are lifeguards on duty? Yes No If no, is a sign posted? Yes No
7. Does the club sponsor swim teams? Yes No Do you sponsor diving teams? Yes No
 If yes, are waivers required? Yes No Do you provide transportation? Yes No

SNACK BAR OR RESTAURANT

N/A

1. Operated by: Insured Concession
2. If concession, does lessee provide certificates of insurance naming club as an additional insured? Yes No
3. What type of extinguishing system is installed over cooking facilities: _____
 Does the system cover the deep fat fryers? Yes No

RESTAURANT / LIQUOR LIABILITY

1. Gross receipts from owned restaurant/snack bar (include liquor): \$ _____
2. Gross receipts from owned banquet/catering operation (include liquor): \$ _____
3. Gross receipts for liquor only: \$ _____
4. Liquor License Number: _____ Name of liquor license: _____
5. Has liquor license ever been suspended or revoked? Yes No
 If yes, please describe:

6. Has liquor coverage ever been canceled? Yes No
 If yes, please describe:

7. Have there been any liquor claims in the past five (5) years? Yes No
 If yes, please describe:

8. Are written procedures and training provided to employees to avoid selling to intoxicated patrons? Yes No
9. Are written procedures in place for providing alternate transportation for an intoxicated patron – Designated Driver / Call a Cab? Yes No
10. Have all bartenders, servers, valet drivers attended an Alcohol Awareness Training Course (Dram Shop Liability) (TIPS / TAMS) ? Yes No
 If training on Dram Shop Liability is provided, is it ongoing education? Yes No

DWELLING OR RENTAL PROPERTY

N/A

1. Does the club have any dwellings or rental property? Yes No
 If yes, please describe the use of the property:

- If habitational, does the property have:
- fire extinguishers? Yes No
- hard-wired heat/smoke detection? Yes No
- second means of egress from the property? Yes No

2. Total number of rooms in hotel / guest quarters: _____

3. Are rooms available to members and their guests only? Yes No
 If no, please describe: _____

DAY CARE SERVICES

N/A

1. Does the club provide day care services? Yes No
 (Please note day care means child care service while parent/guardian is on the premises of the club.)
2. What are the ages of the children?
 Under Age 5 Age 6 to 10 Over 10 Years of Age

DAY CAMP SERVICES

N/A

1. Does the club operate a day camp? Yes No
If yes, the following information must be completed:
2. What is the counselor to children ratio: (Ex.: 4 children per counselor) _____
3. Number of children in the following age groups:
 0 to 5: _____ 6 to 10: _____ Over 10 years of age: _____
4. Available to member's children only? Yes No
5. Any field trips off premises? Yes No
 If yes, please describe: _____
-
6. Does the club do a criminal background check on all counselors? Yes No
7. Does the club do a child abuse background check on all counselors? Yes No
8. How long do the day camps run: (Ex: first two weeks of August) _____
9. Daily hours: (Ex: 9 am to 2 pm Monday to Friday) _____
10. Does the club provide any transportation? Yes No
 If yes, please describe: _____

DIRECTORS & OFFICERS / EMPLOYMENT PRACTICE LIABILITY

N/A

**THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.
 DIRECTORS & OFFICERS LIABILITY INFORMATION**

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
 If no, provide an explanation: _____

FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
Total Assets:	\$	\$
Net Assets / Fund Balance:	\$	\$
Annual Revenue:	\$	\$
Net Revenue:	\$	\$

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls.

Name / Type of Business	Percent the Applicant Owns/Controls	Date Created / Acquired	For Profit / Non-Profit
I.E.: ABC Foundation / Charitable Foundation	100%	01/01/2000	Non-Profit

Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If yes, please attach details.
- Any disciplinary action by any regulatory agency or association? Yes No
- Any administrative proceeding charging violation of a federal or state law or regulation? Yes No
- Any other criminal actions? Yes No

EMPLOYMENT PRACTICE LIABILITY INFORMATION

1. Please provide the following employee count information:

U.S. based employees:	
Total Full-Time:	Total Part-Time:
Volunteers:	Temporary:
Leased:	Total Non U.S. based employees:
TOTAL SUM OF ABOVE:	

2. Is any reduction of employees or change of status anticipated in the next year? Yes No
 Voluntary: _____ Involuntary: _____ Layoffs: _____
3. Does the Applicant have an employment handbook? Yes No
4. Does the Applicant use an employment application for every potential employee? Yes No
5. Does the Applicant use outside employment counsel for employment advice? Yes No

CURRENT COVERAGE:

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D & O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$

WARRANTY INFORMATION

1. With respect to this coverage, has any Underwriter refused canceled or non-renewed coverage? (Not Applicable in Missouri) Yes No
 If yes, please provide details:

2. As of this date, or the date on which the Applicant first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is/was aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except:
 None or as noted below:

3. Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? None or as noted below:

With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO 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). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: 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 OR CONFINEMENT IN PRISON.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

PRODUCED BY: (SECTION TO BE COMPLETED BY PRODUCER/BROKER)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)