

The CLUB CHAMPION SUPPLEMENTAL APPLICATION

ACORDS Plus 3 YEARS (HARD COPY) LOSS RUNS MUST BE SUBMITTED

1. Named Insured(s): _____
(If more than one named insured, on the reverse side, describe the relationship between each named insured and the golf club)
2. Club Owner/manager: _____ Telephone: _____
a) If current ownership/management for less than 3 years describe prior experience: _____
3. Is Course? _____ Public (Daily Fee) _____ Semi-private _____ Private _____ Municipal _____ Resort
5. Is Course operational 12 months/yr? _____ Yes _____ No
6. Club's Website Address www. _____

CLUB HOUSE

1. Number of fire hydrants on site _____ Distance from Club house _____
2. Is the Clubhouse equipped with a sprinkler system? _____ Yes _____ No If yes, percent of building _____
3. Is the Clubhouse equipped with a fire/smoke alarm? _____ Yes _____ No If yes, Central station _____ Yes _____ No
4. Is the Clubhouse equipped with burglary alarm? _____ Yes _____ No If yes, Central Station _____ Yes _____ No

RESTAURANT/SNACK BAR

1. Snack bar or restaurant on premises? _____ Yes _____ No Operated by? _____ Insured _____ Concession
2. If concession, does lessee provide risk with certificates of insurance with limits equal to those carried by insured and name risk as an additional insured? _____ Yes _____ No
3. Seating Capacity? _____ Hours of operation? From _____ To _____

KITCHEN AREA

1. Age of cooking equipment? _____
2. Number of: Deep Fat Fryers? _____ Ranges? _____ Broilers? _____ Ovens? _____ Grills? _____
3. All cooking appliances covered with an exhaust hood or duct system? _____ Yes _____ No
4. Is the system UL300 compliant? _____ Yes _____ No
5. Hood and duct cleaning frequency? _____ By Whom: Insured? _____ Contracted Out? _____
6. Extinguishing System inspection/servicing frequency? _____ Contractor Name: _____
7. Are kitchens equipped with BC or K fire extinguisher(s)? _____ Yes _____ No Date last inspected: _____

ALCOHOLIC BEVERAGE (If requesting Liquor Law Liability Coverage Complete this section)

1. Type of alcohol served? _____ Liquor _____ Beer _____ Wine Operated by? _____ Insured _____ Concession
2. Any past suspensions or revocation of liquor license? _____ Yes _____ No
3. Is alcohol consumption allowed out on the course? _____ Yes _____ No
4. Bar/lounge Hours of Operation? From _____ To _____
5. Do bartenders and/or wait staff participate in alcohol service training programs (TIPS, etc)? _____ Yes _____ No
6. Are all servers over legal drinking age? _____ Yes _____ No
7. Dance floor on premises? _____ Yes _____ No If Yes, size _____ square feet.
8. Any other entertainment? _____ Yes _____ No If Yes, type _____ How Often? _____

PRO SHOP EXPOSURE

1. Pro Shop on premises? Yes No If yes, operated by insured leased to golf pro or others
a) If leased to others, does lessee provide the risk with certificates of insurance with limits equal to those carried by the risk that names risk as additional insured? Yes No
2. Any equipment rented to participants? Yes No or repaired? Yes No
3. Explain security to prevent theft or vandalism _____

GOLF CART EXPOSURE

1. Number of Golf Carts: Owned Leased Number of 3 wheeled golf carts
a) If carts are leased, does lessor provide insured with certificates of insurance with equal to those carried by risk and name risk as an additional insured? Yes No
2. Does insured require a "hold harmless" agreement be signed for all persons leasing a golf cart? Yes No
3. Does club permit any cart usage from persons under 16 years old and/or unlicensed? Yes No
4. Where are the carts stored? _____
5. Any other operations conducted in this building Yes No If yes, describe _____
6. Explain security for carts to prevent theft and/or vandalism _____

POLLUTION EXPOSURE

1. Are herbicides/pesticides applied on premises? Yes No Off premises? Yes No
2. Who applies herbicides/pesticides? Insured's Employees Independent Contractors
3. Is applicator's license up to date: Yes No All chemicals E.P.A. approved? Yes No
4. Where are the chemicals Stored: _____ Mixed: _____ Disposed of: _____
5. Describe any other operations conducted in this facility _____
6. Describe storage facility for flammable liquids (gasoline, diesel, paints, etc) _____
a) Are UL listed containers used for storage and dispensing? Yes No
b) Electrical System UL listed for this facility? Yes No
7. Are there above or underground gasoline or chemical storage tanks on premises? Yes No
If yes, explain spill containment safeguards _____

ADDITIONAL INFORMATION

1. Explain any non-golf activities such tennis, horseback riding, ice skating, sledding, snowmobile, ATV, Fireworks, Skeet/Trap shooting, babysitting, boats etc conducted (if swimming complete swimming portion of the application) _____
2. Is there a lightning detection/notification system? Yes No If no, explain how golfers are warned about weather condions. _____
3. Is the course sprinkler system electronically controlled? Yes No
a) If yes, is the entire system grounded? Yes No
b) System checked _____ Annually _____ 6 months _____ Not Checked
4. 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 If Yes, attach a copy of the agreement.

REVENUES (following must be completed for all submissions

Please provide the gross (annual) receipts from the golf course business arising out of the following:

- A. Greens fees (public/semi private courses)..... \$ _____
 - B. Membership fees..... \$ _____
 - C. Guest greens fees (private courses)..... \$ _____
 - D. Cart rentals \$ _____
 - E. Pro shop sales (clubs, clothing, balls, etc)..... \$ _____
 - F. Snack bar..... \$ _____
 - G. Restaurant..... \$ _____
 - H. Liquor/Beer/Wine \$ _____
 - I. Driving range receipts..... \$ _____
 - J. Private function receipts (ie. Weddings)..... \$ _____
 - *K. Other misc receipts(explain in comment section) \$ _____
- Total Annual Gross Receipts \$ _____

Number of 9 hole rounds annually _____ Number of 18 hole rounds annually _____

Average cost for 9 hole round: \$ _____ Average cost for 18 hole round: \$ _____

Is your agency currently insuring this club? ____ Yes ____ No

SWIMMING POOL

1. Number of swimming pool(s) on premises? _____ Location of Pool? ____ Indoor ____ Outdoor
2. Have there been any code violations in the past 5 years? ____ Yes ____ No
3. Is the pool open to _____ the public _____ members only _____ public and members
4. Months open? From _____ To _____
5. Hours of Operation? From _____ To _____
6. Pool fully fenced? ____ Yes ____ No Self-closing/Self-Latching Gates? ____ Yes ____ No
7. How often is pool water tested? _____
8. Number of Life Guard(s) on Duty? _____ Hours on Duty? ____ From ____ To
9. Pool Depth range? From ____ feet To ____ feet Depth properly marked? ____ Yes ____ No
10. Any diving boards or slides? ____ Yes ____ No
11. Are pool rules posted? ____ Yes ____ No
12. Is life saving equipment present and visible? ____ Yes ____ No
13. If necessary are anti-vortex drain covers installed? ____ Yes ____ No ____ N/A
14. Are handrails installed on steps and/or ladders? ____ Yes ____ No
15. Is glass restricted in pool area? ____ Yes ____ No
16. Are GFCI breakers/outlets installed? ____ Yes ____ No
17. Are all Life Guard Trained and Certificates? ____ Yes ____ No MUST remit Certificates on guards.

If the following coverages are being requested please complete below:

_____ **Stop Gap Liability** Total Payroll \$ _____

_____ **Non-owned & Hired Automobile:** # of employees: _____ Any use of employee vehicles describe _____

Comments: (additional coverages and related information for quotation)

Notice to applicants: any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. Completion of this application is not an order for insurance coverage.

Broker's Name	Agency Name		
Address	City	State	Zip
Agency Fax Number	Agency Telephone Number	Agency Email Address	

The undersigned certifies that the answers herein are true and correct to the best of his/her knowledge. Signing of the application does not bind the insurer to complete the insurance but it is agreed that this form shall be the basis of a contract should a policy be issued.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for Insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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,

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: 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 of the third degree. **HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

KENTUCKY: 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: 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.

MASSACHUSETTS: NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete

information that Increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy, Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY FOR AUTO: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **FOR WC:** I UNDERSTAND THAT ANY INTENTIONAL FALSE OR MISLEADING INFORMATION CONCERNING ANY FACT IN THIS APPLICATION MAY SUBJECT ME TO PENALTIES AS ARE PROVIDED BY LAW.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK FOR AUTO: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT. WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION. **FOR ALL OTHER:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

RHODE ISLAND: *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.* DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?

_____ **YES** _____ **NO**

TENNESSEE FOR WC: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

