

EAGLE 3 PROPERTY AND LIABILITY SUPPLEMENTAL APPLICATION

(To be used in conjunction with ACORD General Liability, Property and Inland Marine applications)

General Information

Name of Insured	Website Address
Number of Courses on Property Nine hole: _____ Eighteen hole: _____	Total Number of Rounds played all courses: Last Year:Est. _____ Next Year: _____

Type of Course

What is the ownership of the facility?

- Privately owned by members
- Privately owned by others
- Municipally owned

Who uses the facility?

- Members and their guests only
- Daily fee only (no members)
- Daily fee and member play

Weekend Greens Fees: \$ _____

Limits of Coverage

1. **Golf-Specific Property** Limit of Coverage \$ _____
 Deductible Options (\$500 Standard): \$1,000 \$2,500 \$5,000 \$10,000 \$25,000
Golf-Specific Property includes: benches, ball washers, and course markers; fences, outdoor signs not attached to buildings; paved walkways, paved golf car or cart paths, bridges, and retaining walls; irrigation systems, including underground wiring, pipes, pumps, and sprinkler heads; water coolers; flags, cups, directional signals; light fixtures, poles, bells; tennis courts; pools and fountains; and monuments.
2. **Greens, Tees, Fairways, and Maintained Rough** Limit of Coverage \$ _____
 Deductible Options (\$500 Standard): \$1,000 \$2,500 \$5,000 \$10,000 \$25,000
 Peril of Wind Excluded: Yes
3. **Trees, Plants, & Shrubs** Limit of Coverage (\$5,000 per tree sub-limit if replaced, debris removal included in total limit) \$ _____
 Deductible Options (\$500 Standard): \$1,000 \$2,500 \$5,000 \$10,000 \$25,000
 Peril of Wind Excluded: Yes
4. **Property of Members or Customers (up to \$5,000 per person)** \$ _____

Golf Maintenance Equipment Protection including Golf Cars

5. **Scheduled maintenance equipment owned or leased for a period of at least 6 mos** \$ _____
(replacement cost for equipment 5 years old or newer, otherwise ACV)
6. **Unscheduled maintenance equipment owned (\$25,000 automatically provided)** \$ _____
(per item limit \$5,000, higher per item limits available; replacement cost for equipment 5 years old or newer, otherwise ACV)
7. **Unscheduled maintenance equipment leased, borrowed, or rented from others** \$ _____
(replacement cost for equipment 5 years old or newer, otherwise ACV)
Coverage is automatically provided for \$500 for employees' tools and \$5,000 for rental reimbursement expenses.

Underwriting Information

Operations - General:

1. Are Certificates of Insurance obtained for all independent contractors/subcontractors? Yes No
 If yes, please list contractor and service performed: _____

2. 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: _____

Underwriting Information continued

- 3. Are security guards present? Yes No
Are security guards armed? Yes No
- 4. Are there security cameras on the property? Yes No
If yes, where are they located? _____

- 5. Are the premises shut down for any period during the year? Yes No
If yes, when? _____
- 6. Describe security measures taken during shut-down: _____

- 7. What is the protection class of the property? _____
If protection class is 7 or higher, what is the source of water supply? _____
- 8. Distance to the closest fire hydrant: _____
- 9. Distance to fire department: _____ Is the fire department: Paid Volunteer

Operations - Golf Carts:

- 1. Golf Carts: Number of Carts: _____ Owned: _____ Leased: _____
If leased, are Certificates of Insurance obtained naming the Club as Additional Insured? Yes No
- 2. Are the golf carts stored under the clubhouse? Yes No
If yes, is it sprinklered? Yes No
- 3. How are carts powered? Gas Electric/battery
- 4. Is there an exhaust (*ventilation*) system in golf cart storage facility? Yes No
- 5. Is there a No Smoking policy in effect and enforced? Yes No
- 6. When was the last electrical maintenance visit performed? _____
- 7. Who is responsible for maintenance of golf carts? _____
- 8. Are there operators under the age of 18? Yes No
- 9. Describe security for golf carts (*alarms, locks, sprinklers, etc.*): _____

- 10. Who is responsible for insuring golf carts? Club Pro Lessor

Operations - Golf:

- 1. List any Professional or Major Amateur Events planned during the next three years:

- 2. Is the golf professional: Club Employee Independent Contractor
- 3. Is the Pro Shop owned by: Club Independently Operated

Operations – Tennis/Platform Tennis:

1. Tennis Bubbles: Yes No
 # and Age of bubbles: _____ How supported: _____
2. List major tournaments planned for the next 3 years: _____

3. Is the tennis professional: Club Employee Independent Contractor
4. Is Tennis Shop owned by: Club Independently Operated

Operations – Swimming Pool:

1. Number of Pools:
 Indoor _____ Outdoor _____ Kiddie Pools _____
2. Hours of Operation: _____ Number of certified life guards: _____
3. Is the pool fenced or protected by perimeter protection at least 4 feet high?..... Yes No
4. Do they have self-closing gates? Yes No
5. Are rules posted? Yes No
6. Are there any diving boards or water slides? Yes No
If yes, describe: _____
7. Height of diving boards and how used: _____
8. Depth of pool in diving/slide area: _____ Is it clearly marked? Yes No
9. Maintenance performed by insured? Yes No
If no, who performs: _____
10. Is water tested daily? Yes No
11. Is there a log kept of results? Yes No
12. Where are pool chemicals stored? _____
13. Are the chemicals applied by assigned employees only? Yes No
14. Are chemical storage facilities locked at all times? Yes No

Operations – Watercraft:

1. Number of owned watercraft:
 Canoes _____ Powerboats: 50 hp or less: _____ Over 50 HP: _____
 Rowboats _____ Sailboats: Under 26 ft: _____ 26 ft or over: _____

Operations - Other:

1. Other Club Activities:

- | | | |
|---|--|---|
| <input type="checkbox"/> Skeet/Trap ranges | <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> Jacuzzi/Saunas |
| <input type="checkbox"/> Baby Sitting/Child Care | <input type="checkbox"/> Saddle Animals | <input type="checkbox"/> Downhill Skiing |
| <input type="checkbox"/> Weight Room | <input type="checkbox"/> Steam Room | <input type="checkbox"/> Ice Skating |
| <input type="checkbox"/> Barbershop | <input type="checkbox"/> Tanning Beds | <input type="checkbox"/> Sledding |
| <input type="checkbox"/> Masseur/Masseuse | <input type="checkbox"/> Fitness Trailer | <input type="checkbox"/> Cross Country Skiing |
| <input type="checkbox"/> Health Club Facilities/spa | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Beach Club |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Squash | <input type="checkbox"/> Fireworks Displays |
| <input type="checkbox"/> Day Camps | | |
| <input type="checkbox"/> Other _____ | | |

2. What specific services are provided if any of the above (e.g. facials, weight control/counseling, manicures, personal trainers, etc.): _____

3. Is staff trained in CPR? Yes No

4. Does the club have defibrillators? Yes No

If yes, is staff fully trained & do they take a certification course every year? Yes No

4. Are there any products sold under their name? Yes No

If yes, please explain those products: _____

Daycare or Babysitting:

1. If daycare or babysitting, is facility licensed? Yes No

2. Hours of operation: _____ Ratio of children to adults: _____

3. Ages of children in facility: _____

4. Activities for children (including field trips): _____

5. Policy regarding sick children: _____

6. Describe any overnight activities? _____

7. Have there ever been incidents of sexual or physical abuse arising in connection your operation? Yes No

If yes, describe: _____

8. Has there ever been an investigation of your operations by any public authority relating to sexual or physical abuse? Yes No

If yes, explain: _____

(Please complete sexual and physical abuse supplemental application)

Restaurant or Snack Bar:

1. Does the club have a dance floor and offer live entertainment? Yes No

2. Is the restaurant or snack bar operated by: Insured Concession

If concession, does lessee provide certificates of insurance naming the club as an additional insured? Yes No

3. What type of extinguishing system is installed over cooking facilities? _____

4. Does the system cover the deep fat fryers? Yes No

5. Is there a thermostat and high temperature shut off to deep fat fryers? Yes No

Underwriting Information continued

- 6. Is an automatic fuel shut off to all cooking appliances activated by the release of the automatic extinguishing system? Yes No
- 7. Is there a minimum clearance from hood and duct of 18" to all combustible construction? Yes No
- 8. Are portable extinguishers available in the kitchen? Yes No
- 9. Is a contract in existence for semi-annual inspection and maintenance of the extinguishing system? Yes No
Date of last inspection: _____
- 10. Is there a regular schedule for cleaning hoods, ducts, filters? Yes No
- 11. Are filters cleaned daily, hood and duct system weekly, with a minimum of semi-annual cleaning by a professional firm? Yes No
Last date professional firm cleaned: _____

Liquor Liability:

- 1. Estimated annual receipts of liquor, beer, and wine: \$ _____
- 2. Estimated annual receipts of food and beverages including alcohol: \$ _____
- 3. What hours is liquor served? _____
- 4. Are bartenders, servers, and parking valets required to participate in alcohol awareness programs as a regular part of job training? Yes No
- 5. Is there a Designated Driver Program or escort service provided for those unable to drive? Yes No
- 6. Are any of the operations involving liquor contracted out? Yes No
- 7. Have any citations been issued for law violations? Yes No
- 8. Has your liquor license ever been revoked or suspended? Yes No
If yes, explain: _____
- 9. Any Liquor Liability claims or suits in the past 5 years? Yes No
- 10. Has liquor liability insurance coverage ever been declined, cancelled, or non-renewed? Yes No
If yes, explain: _____

Dwellings or Rental Property:

- 1. Do you have any Dwellings or Rental Property? Yes No
If yes, please describe: _____
- 2. If habitational, does the property have: Fire Extinguishers? Yes No
- 3. Is the building sprinklered? Yes No Is there a central fire alarm? Yes No
- 4. Are there hard-wired heat/smoke detectors? Yes No
- 5. Is there a second means of egress from the property? Yes No
- 6. Is there any security? Yes No
If yes, please describe: _____

Underwriting Information continued

Employee Benefits:

1. What benefit programs are covered by insurance? _____
2. Who administers the benefit programs and enrollments? _____
3. Has there been any prior claim in the past 5 years? Yes No
If yes, explain: _____
3. Does the applicant have any knowledge of any occurrence that might lead to a claim under this coverage? Yes No
If yes, please explain: _____

Liability:

1. Total Rounds of Golf:..... _____
2. Number of Swimming Pools:..... _____
3. Dwellings/Apartments Units: _____
4. Restaurant Sales: \$ _____
5. Liquor Sales:..... \$ _____
6. Athletic Goods Sales: \$ _____
7. Other: _____

Business Earnings & Extra Expense

1. Clubhouse Limitation Clubhouse & Pro Shop Limitation Ordinary Payroll Exclusion
2. Gross Revenue: \$ _____
3. Non-continuing Expenses: \$ _____
4. Total Earnings: *(Gross revenue minus non-continuing expenses)*..... \$ _____
5. Duration of Interruption *(Percent of time club will be interrupted)*..... _____
6. Adjusted Interruption Exposure *(Total Earnings times duration of interruption %)*..... \$ _____
7. Extra Expense Exposure \$ _____
8. Total Exposure for Loss of Income..... \$ _____
(Adjusted interruption exposure plus extra expense exposure)

Financial Data:

Total Current Assets: \$ _____ Total Current Liabilities: \$ _____ Net Sales: \$ _____
 Total Liabilities: \$ _____ Total Equity: \$ _____ Net Profit: \$ _____

This application is not a representation that coverage does or does not exist for a particular claim or loss, or type of claim or loss, under any insurance policy issued by The St. Paul. Whether coverage exists or does not exist for a particular claim or loss under such policy depends on the facts and circumstances involved in the claim or loss and all applicable policy wording.

The undersigned is an authorized representative of the prospective Named Insured and certifies that reasonable inquiry has been made to obtain the answers to these questions. He or she certifies that the answers are true, correct and complete to the best of his/her knowledge and belief.

Signing this application shall not constitute a binder or obligate The St. Paul to Day Care Center Protection, but it is agreed that this application shall be the basis upon which a Policy may be issued.

Fraud Warning Notice: If a state fraud warning notice applies, please attach form #55306 to this application.

FLORIDA REQUIREMENT: Producer's License No. _____

Insured's Signature		Date
Agent/Broker Signature	City	Date

