



## Golf and Country Club Supplemental Application

### General Information

Club name: \_\_\_\_\_

Number of members: \_\_\_\_\_

Number of holes: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Number of rounds played per year: \_\_\_\_\_

Homeowners association (HOA/POA)?  Yes  No

If yes, number of homes/members: \_\_\_\_\_

### Financial Information

Please include the most recent audited financials or income statement, no older than 90 days prior to the effective date. If unavailable, please provide the following:

Estimated annual gross receipts:

- Membership dues/initiation fees \$ \_\_\_\_\_
- Other fees (greens, carts, locker rooms, tournaments, etc.) \$ \_\_\_\_\_
- Pro shop revenue (if owned) \$ \_\_\_\_\_
- Snack bar/restaurant receipts (excluding liquor) \$ \_\_\_\_\_
- Liquor sales \$ \_\_\_\_\_

### Amenities

Check all that apply:

- Golf  Tennis  Swimming pool  Fitness center  Pickleball  Youth activities  
 Weddings/events

Other Amenities:

- Horseback riding  Hunting  Marina/yacht club  Spa  Private beach  Skeet/trap  
 Public dining

Please describe other amenities not listed above:

\_\_\_\_\_

Does the club allow access for outdoor winter activities?  Yes  No

If yes, describe permitted activities and who may access: \_\_\_\_\_

Are signed waivers with hold-harmless wording required?  Yes  No

Are boundaries, obstacles, and water hazards clearly marked?  Yes  No

### **Golf Professional / Pro Shop**

Golf professional is:  Employee  Independent contractor

Pro shop is:  Owned by club  Operated independently

If independent, does the club obtain a certificate of insurance?  Yes  No

If owned, last 12 months merchandise receipts: \$\_\_\_\_\_

Does the club require certificates of insurance and hold harmless contracts from vendors and event holders?  Yes  No

Are event hosts required to name the club as additional insured?  Yes  No

### **Property**

Are properties protected with the following?

Central station smoke/heat alarm  Central station sprinkler alarm  Central station burglar alarm

Is any building equipped with aluminum wiring?  Yes  No

If yes, has wiring been updated with approved connectors by a licensed electrician?  Yes  No

For buildings over 25 years old (valued at \$1M+), date of last roof, wiring, plumbing, and HVAC updates: \_\_\_\_\_

Are lightning arrestor or surge suppression systems installed by a qualified electrician?  Yes  No

Does the club have backup generators?  Yes  No

If yes, what systems are supported (refrigeration, HVAC, lighting, etc.)? \_\_\_\_\_

### **Winterization**

Is heat maintained above 55°F during winter?  Yes  No

During freeze events, thermostat above 60°F?  Yes  No

Are pipes and attic areas insulated?  Yes  No

Are sprinkler and plumbing systems inspected annually?  Yes  No

Are unoccupied buildings drained of water lines in winter?  Yes  No

Are temperature monitoring or alarm systems in place for freeze protection?  Yes  No

### **Golf Carts and Course**

Total number of riding carts: \_\_\_\_\_

Carts are:  Gas  Electric

Stored:  Under clubhouse  Separate cart barn

If under the clubhouse, is the area sprinklered?  Yes  No

If gas, is ventilation adequate?  Yes  No

Does the club require a golf cart rental agreement?  Yes  No

Are safe use procedures included?  Yes  No

Are users required to have a valid driver's license?  Yes  No

Are members allowed to bring personal carts on the property?  Yes  No

If yes, are they required to provide proof of insurance with at least \$100,000 liability?  Yes  No

Does the club service or maintain members' carts?  Yes  No

Does the course have a lightning warning system?  Yes  No – If yes, describe: \_\_\_\_\_

### **Maintenance Equipment**

Where is maintenance equipment stored? \_\_\_\_\_

Is the building sprinklered or alarmed?  Yes  No

Does the club have a preventive maintenance and replacement program?  Yes  No

### **Dwelling / Guest Quarters**

Are there any habitational properties (guest rooms, rental, employee quarters)?  Yes  No

If yes, describe use and number of rooms: \_\_\_\_\_

Are the following present:

Fire extinguishers  Yes  No    Hard-wired smoke detection  Yes  No

Carbon monoxide detection  Yes  No    Second means of egress  Yes  No

### **Childcare / Youth Programs**

Does the club provide any babysitting, child-watch, or youth programs?  Yes  No

Ages served: \_\_\_\_\_    Maximum number of children: \_\_\_\_\_

Are parents required to remain on premises?  Yes  No

Do all caregivers receive criminal and child-abuse background checks?  Yes  No

Does the club operate a day camp or junior golf/tennis program?  Yes  No

If yes, counselor/child ratio: \_\_\_\_\_    Duration and hours: \_\_\_\_\_

Are background checks required for all staff, volunteers, and contractors?  Yes  No

Are field trips conducted?  Yes  No    If yes, describe: \_\_\_\_\_

Does the club provide transportation for these programs?  Yes  No

### **Restaurant and Liquor Liability**

Is the restaurant/snack bar:  Operated by club  Concessionaire

If concession, does lessee name the club as an additional insured?  Yes  No

Type of extinguishing system over cooking areas: \_\_\_\_\_

Is the system UL-300 compliant and serviced semiannually?  Yes  No

Are hood/duct filters cleaned at least weekly?  Yes  No

Total annual receipts for food and beverage: \_\_\_\_\_

Total annual receipts for liquor: \_\_\_\_\_

Is the liquor license ever suspended or revoked?  Yes  No

Are employees (bartenders, servers, cart operators, valets) TIPS or equivalent-trained?  Yes  No

Are written alcohol-service procedures in place?  Yes  No

Does the club provide alternate transportation for intoxicated patrons ("Call a Cab")?  Yes  No

### **Swimming Pool / Aquatics**

Number of pools: \_\_\_\_\_

Compliant with the Virginia Graeme Baker Pool & Spa Safety Act?  Yes  No

Is the pool fenced with a self-latching gate and a minimum 4-ft height?  Yes  No

Is there an AED within 100 ft of the pool area?  Yes  No

CCTV coverage of the pool area?  Yes  No

Is emergency equipment (shepherd's hook, flotation, phone) present?  Yes  No

Any diving boards or slides?  Yes  No Height: \_\_\_\_\_ Depth below: \_\_\_\_\_

Are lifeguards on duty?  Yes  No

If no, is "Swim at Your Own Risk" signage posted?  Yes  No

If lifeguards are present, are they certified (Red Cross, YMCA, etc.)?  Yes  No

Are members permitted to use the pool after hours without lifeguards?  Yes  No

If yes, are waivers required?  Yes  No

### **Tree Maintenance**

Does the club maintain a formal tree inspection and maintenance program?  Yes  No

Annual tree maintenance budget: \$ \_\_\_\_\_

Is the work performed by a qualified arborist/tree service?  Yes  No

### **Vehicles and Transportation**

Does the club provide transportation?  Yes  No

If yes, who and where are they transported? \_\_\_\_\_

Are only authorized drivers (screened MVRs) permitted to operate vehicles?  Yes  No

Are written safe-driving policies in place?  Yes  No

### **Warranty**

For the purposes of the application submitted for insurance coverage, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete and there are no undisclosed operations or services. The signatory below declares that he/she is duly authorized by the Applicant to sign this application on behalf of all prospective **Insureds**. The Alta Risk, LLC underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase, the insurance.

The information contained in and submitted with this application is on file with the underwriter. The underwriter will have relied upon this application and attachments in issuing any policy

If this information in this application or in any attachment materially changes between the date of this application and the policy effective date, the applicant will notify the underwriter, who may modify or withdraw any quotation or agreement to bind the insurance.

**NOTICE TO ALL APPLICANTS:** Any person who knowingly and with intent includes any false or conceals for the purpose of misleading information concerning fact material thereto, on an application for an insurance policy, commits a fraudulent insurance act, which is a crime, and may be subject to criminal and civil penalties.

**Signature of applicant:** \_\_\_\_\_

**Name & title:** \_\_\_\_\_

**Date:** \_\_\_\_\_