



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

Golf Club Insurance (Property & Liability)

PART 1: GENERAL INFORMATION

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Website Address (if applicable): _____

Number of Courses on Property: Nine Hole: _____ Eighteen Hole: _____

Total number of rounds played all courses: Last year _____ Next year _____

Weekend Green Fees: \$ _____ Desired Effective Date: _____

Number of Years in Business: _____ Experience in Operations: _____

Type of Course: Privately Owned by members: _____, by others: _____, Municipality owned: _____

Who uses the facility: (Check one) Members & Guests Daily Fee only (no members) Daily fee and member play

Previous Insurer: _____ Has any Insurer cancelled, declined, or refused you coverage? No Yes

If yes, provide details: _____

Describe any insured and uninsured losses having occurred in the past **5 years** and state the date and value of each loss, before the deductible (if any) was applied; _____

PART 2: PROPERTY UNDERWRITING INFORMATION

Select the Construction Class, which best describes your building:

- Fire Resistive (Walls, floors, roof and supports of solid masonry)
- Masonry, Non-Combustible (Walls of masonry; floors and roof of masonry or engineered non-combustible materials, supported by protected steel)
- Non-Combustible (walls, floors and roof of engineered non-combustible materials, supported by unprotected steel)
- Masonry (including Mill) (Walls of **greater** than 4" thick masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected metal)
- Masonry Veneer (Walls of **less** than 4" thick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material)
- Frame (walls, floors and roof of combustible or susceptible materials, supported by wood or other combustible or susceptible material)

Fire Department: Paid F/T: _____ Paid P/T: _____ Volunteer: _____ None: _____

Select the distance between your building and the nearest Municipal Fire Hydrant:

Within 500 feet Between 500 and 1000 feet Over 1000 feet

Insured's Occupancy: _____ Other Occupancies: _____ Year built: _____

If over 30 years old, have there been any updates to the building? _____

Adjacent Exposures: _____

No. of Stories : _____ Heating Type: _____ General Housekeeping: _____

Total Building Sqft: _____ Applicant's Sqft: _____ Building Sprinklered: No Yes _____ %

Burglary Alarm System: Monitored Local None Is the monitoring company ULC Approved No Yes _____

Does your building have a ULC Automatic Fire Extinguishing system (if applicable)? No Yes

Has the system been independently tested within the past 12 months (if applicable)? No Yes

Is the golf course Gated: No Yes Fenced: No Yes

Additional Information: _____

Golf Maintenance Equipment Protection including Golf Cars/Carts

Scheduled maintenance equipment owned or leased for a period of at least 6 months \$ _____
(replacement cost for equipment 5 years old or newer, otherwise ACV)

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)

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

Operations – General

Are certificates of insurance obtained for all independent contractors/subcontractors? Yes No
If yes, please list contractor and service performed: _____

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 required: _____

Are security guards present? _____

Are there security cameras on the property? Yes No

If yes, where are they located and how many?

Are the premises shut down for any period during the year? Yes No
If yes, when? _____

Describe security measures taken during the shutdown: _____

List any Professional or Major Amateur Events planned: _____

Is the Golf professional a: Club Employee or Independent Contractor

Is the Pro Shop owned by the: Club or an Independent Contractor

Is there any other operations at this club: _____

Is staff trained in CPR? Yes No

Does the club have defibrillators? Yes No
If yes, is staff fully trained and do they take a certification course every year?

Are there any products sold under their name? Yes No
If yes, please explain _____

Restaurant or Snack Bar:

How many facilities and/or restaurants? _____

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

What are the hours of operation? _____

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

How many kitchens? _____

Is there a UL300 compliant automatic fire extinguishing system in place? Yes No
If no, what type of system? _____

Does the system cover the deep fat fryers? Yes No

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

Is an automatic fuel shut off to all cooking appliances activated by the release of the automatic extinguishing system? Yes No

Is there a minimum clearance from hood and duct of 18" to all combustible construction? Yes No

Are portable extinguishers available in the kitchen? Yes No

Is a contract in existence for semi-annual inspection and maintenance of the extinguishing system? Yes No

Date of last inspection: _____

Is there a regular schedule for cleaning hoods, ducts and filters? _____ Is a professional company used? _____

Date of last cleaning: _____

Liquor Liability:

What hours are liquor served? _____

Are bartenders, servers, and parking valets required to participate in alcohol awareness programs as a regular part of job training?

Is there a designated drive program or escort service provided for those unable to drive? _____

Are any of the operations involving liquor contracted out? _____

Have any citations been issued for law violations? _____

Has your liquor license ever been revoked or suspended? _____
If yes, explain _____

Any liquor claims last 5 years? _____

Has liquor liability insurance coverage ever been declined, cancelled or non renewed? _____
If yes, explain _____

Seating capacity for dining area _____ Bar _____

Describe guidelines regarding proper ID verification, recognizing over consumption, etc. (If guidelines written attach copy)

Are facilities available for private parties? _____
If yes, does renter provide confirmation of own insurance and show club as additional insured? _____
If liquor served are insureds bartenders used? _____
If catered, does caterer provide confirmation of own insurance? _____

Operations – Golf Carts

Golf Carts: Number of carts: _____ Owned: _____ Leased: _____
If leased, are Certificates of Insurance obtained naming the Club as Additional Insured?

Are the golf carts stored under the clubhouse? Yes No
If yes, is it sprinklered? Yes No

How are carts powered? Gas Electric/battery

Is there an exhaust (ventilation) system in golf cart storage facility? Yes No

Is there a no smoking policy in effect and enforced? Yes No

When was the last electrical maintenance visit performed? _____

Who is responsible for maintenance of golf carts? _____

Are there operators under the age of 18? _____

Describe security for golf carts (alarms, locks, sprinklers, etc): _____

Who is responsible for insuring golf carts? Club Pro Lessor

Revenues:

Rounds of golf/membership: _____
Food sales: _____
Liquor: _____
Pro Shop: _____
Other: _____

Business Earnings & Extra Expense

Gross Revenue: _____
Non Continuing Expense: _____
Total Earnings (gross revenue minus non continuing expenses) _____
Duration of Interruption (percent of time club will be interrupted) _____
Adjusted Interruption exposure (total earnings times duration of interruption %) _____
Extra Expense Exposure: _____
Total Exposure of 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: _____

PART 3: CRIME UNDERWRITING INFORMATION (if applicable)

How many employees do you have on payroll? _____ How many of those employees would routinely handle money? _____

Do they have a safe on premises? No Yes If yes, is it ULC approved and what class _____

Do you make daily deposits to the bank? No Yes

PART 4: GENERAL LIABILITY UNDERWRITING INFORMATION

Full description of Business Operations: _____

Year business established: _____ Experience of the principal / partners: _____

Total Number of Employees: _____ Full-time Employees: _____ Part-time Employees: _____

Gross Receipts (**Operations**): _____ Gross Receipts (**Products**): _____ Any US sales? No Yes If yes, _____ %

Require percentage breakdown in gross receipts for each aspect of their operations (if applicable): _____

Any off premise exposure? No Yes If yes, explain and what _____ % _____

Cost and description of any sublet operations: _____

Pollution Liability:

Sudden and Accidental – each occurrence limit: \$100,000

Please provide the following information:

Pollution Tanks : Underground or above ground? _____

Age: _____ Capacity: _____ Protection: _____ Double Walled: _____

Fertilizer, chemicals etc? _____

Where are they stored and how? _____

PART 5: COVERAGE REQUIREMENTS (per location)

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Transit	
Business Interruption (Profits, Monthly Earnings, Gross Earnings)	
Rent or Rental Value	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Total Greenskeeping Equipment (page 2)	
CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery or	
Broad Form Money & Securities or	
3D	
Other:	
LIABILITY COVERAGE	AMOUNT OF INSURANCE
Bodily Injury & Property Damage – per occurrence	
Products & Completed Operations – aggregate limit	
Personal Injury Liability – per occurrence	
Non-Owned Automobile Liability – per occurrence	
Tenants Legal Liability	
Other:	

OPTIONAL COVERAGES: (Select any of the following optional coverages you require)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sewer Back-up | <input type="checkbox"/> Replacement Cost | <input type="checkbox"/> Property Extension End't |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Stated Amount Co-Insurance | <input type="checkbox"/> Comprehensive Property Extension End't |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> By-Laws | |

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicants Signature: _____

Position: _____

Please Print Name: _____

Date: _____