

**#103-8411 200<sup>th</sup> 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?* Yes  No

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? Yes  No

Is a professional company used? Yes  No  If yes, Company Name \_\_\_\_\_

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? Yes  No   
*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 insured 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: \_\_\_\_\_