

## Signature Golf | Statement of Values

**Named Insured:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

The values appraisal for the property named above were made by:

\_\_\_\_\_  
Name Position Date

### Schedule of Property

Description of Property	Insured Value
Clubhouse Building	
Clubhouse Contents	
Food & Beverage Inventory	
Proshop Building	
Proshop Contents	
Proshop Inventory	
Golf Simulators	
Paved Driveways & Parking Lots	
Driving Range Netting & Poles (ACV) (excluded October 01 to May 01 annually)	
Maintenance Building	
Maintenance Building Contents	
Fertilizer / Seeds / Chemicals	
Storage Building 1	
Storage Building 2	
Fuel Storage Tanks (including Contents)	
Golf Cart Fleet	
Cart Storage Building	
Cart Storage Building Contents (Chargers, Pull Carts, etc)	
Greenskeeping Machinery	
Driving Range Building	
Driving Range Contents (Range Balls, Tees, etc)	
Starter Building & Contents	
Snack Shack Building & Contents	
Signs - Free Standing	
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Shelters / Washrooms & Contents	
Pumphouse Building	
Pumphouse Building Contents (Pumps, Valves, Satellites, etc.)	
Irrigation System (including Underground Piping & Sprinkler Heads)	
Power & Hand Tools (\$20,000 included) Increase by:	
Tent / Fabric Covered Structures (excluded October 01 to May 01 annually)	
Bridges & Retaining Walls (Must be Scheduled for Coverage to Apply)	
Dwellings	
Dwellings (Stay & Play)	
Miscellaneous:	
EDP Equipment - Computers (\$25,000 included) Increase by:	
Personal Effects of Club Members (\$50,000 included) Increase by:	
Personal Effects of Employees (\$10,000 Select/\$25,000 Secure included) Increase by:	
Add:	
Add:	
<b>TOTAL VALUE OF PROPERTY INSURED</b>	

The values used in the calculation of policy premium and Stated Amount Coverage are based on the following Statement of Values and any attachments hereto.

In accordance with **Section I 15.c. Rules for Loss Adjustment** of your policy:

*Your golf club property is covered on a Stated Amount basis if indicated in the Coverage Summary. The locations, the stated amount and the stated amount expiration date will also be shown. This means we agree that the Amount of Insurance shown in the Coverage Summary satisfies the Coinsurance Rule if you have filed a current Statement of Values with us. If the proper amount of insurance is maintained, no coinsurance penalty applies. The Stated Amount expires on the date shown in the Coverage Summary.*

When your policy expires, we'll automatically reinstate the Coinsurance Rule until such time as an updated Statement of Values is provided.

I/We certify that the values given herein represent to the best of my/our knowledge and belief, the cost of replacement of the property described if insured on a Replacement Cost basis or the actual values of the property described if insured on Actual Cash Value basis.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_

The attention of the signatory is drawn to Statutory Condition 1 of the policy which reads as follows:

**1. Misrepresentation**

*If a person applying for insurance falsely describes the property to the prejudice of the Insurer, or misrepresents or fraudulently omits to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract is void as to any property in relation to which the misrepresentation or omission is material.*