



Club Name: _____

Effective Date: _____

General Information

1. Number of members _____ 2. Number of holes _____ 3. Number of Employees _____

4. Estimated gross annual receipts for the following: (Not needed if an income statement or audited financials are included with submission)

Membership Dues/Initiation Fees	\$ _____
All Other Fees (Greens, Golf Carts, Tournaments, etc.)	\$ _____
Pro Shop Merchandise Revenue (if owned)	\$ _____
Snack Bar/Restaurant Receipts	\$ _____
Liquor Sales	\$ _____
If HOA, # of members/homes	_____

5. Number of Rounds Played Per Year _____

6. Amenities offered (check all that apply): **Separate Applications Required When Indicated by ***

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Beauty Shops | <input type="checkbox"/> Horseback Riding* | <input type="checkbox"/> Hunting* | <input type="checkbox"/> Skeet/Trap Ranges* |
| <input type="checkbox"/> Private Beach* | <input type="checkbox"/> Marina/Yacht Club* | <input type="checkbox"/> Watercraft* | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Ice Skating* | <input type="checkbox"/> PGA/LPGA Events* | <input type="checkbox"/> Spa* | <input type="checkbox"/> Sports Bubbles* |
| <input type="checkbox"/> Fitness Center/Gym | | | |
| <input type="checkbox"/> Other (Provide a brief description of these amenities): _____ | | | |

7. Is the "Golf Pro" an: Employee Independent Contractor
 Is the Pro Shop: Owned by the Club Operated independently
 If operated independently, does club obtain a Certificate of Insurance from the Pro? Yes No

8. Are Certificates of Insurance which include naming the Club as additional insured obtained and kept in file for all contracted work? Yes No

9. Does the club have a formal, written safety program? Yes No

Property

1. What is the protection class of the property? _____
 If protection class is 7 or higher, what is the source of water supply? _____

2. Distance to closest Fire Hydrant? _____ Distance to Fire Department? _____
 Is the Fire Department? Paid Volunteer
 List all buildings that are within 100 feet of the clubhouse _____

The Clubhouse is protected by: (check all that apply)

- Central Station Smoke/Heat Alarm Central Station Sprinkler Alarm Central Station Burglar Alarm

4. Is there any aluminum wiring in any building that has a value in excess of \$500,000 Yes No

5. Does the club have back-up generators for use in the event of a power outage? Yes No

What systems are connected to the back-up generators? Refrigeration Heating/Cooling

Lighting Electrical Computer Sprinkler System Support

Other - Describe _____

Roofing Construction

1. What type of roof is on the Clubhouse?

- | | |
|---|--|
| <input type="checkbox"/> Asphalt Shingle | <input type="checkbox"/> Clay Tile / Spanish Tile |
| <input type="checkbox"/> Copper | <input type="checkbox"/> Decorative Steel / Aluminum |
| <input type="checkbox"/> Slate (or Synthetic Slate) | <input type="checkbox"/> Rolled rubber roofing |
| <input type="checkbox"/> Wood Shakes | <input type="checkbox"/> Concrete Tile |
| <input type="checkbox"/> Other (Describe) _____ | |

Commercial appraisal may be required if roof materials are deemed ornate or of higher than average value.

Building Winterization

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are any buildings closed down or unoccupied during period of time where frozen temperatures are possible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the thermostat set at greater than 40 degrees Fahrenheit for any unoccupied building? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is staff assigned to regularly inspect unoccupied premises/building and document the inspection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are temperature monitoring systems installed in unoccupied buildings to monitor and report temperature loss? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are heating, plumbing and water systems (including sprinkler systems) inspected annually, including formal documentation of winterization process for all buildings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are removable structures such as awnings and tents taken down in advance of a winter storm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you promptly initiate snow removal from roofs after snow and ice accumulation to prevent roof structure damage or collapse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Golf Carts and Golf Course

- | | | | |
|--|---|--|-----------------------------------|
| 1. Total number of riding golf carts _____ | Golf carts are: | <input type="checkbox"/> Gas | <input type="checkbox"/> Electric |
| 2. Where are the golf carts stored? _____ | <input type="checkbox"/> Separate Cart Storage Building | <input type="checkbox"/> Under Clubhouse | |
| 3. If carts are stored in a section of the Clubhouse, is the storage area fully sprinklered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. If Electric Carts, does the Cart Barn Building have proper ventilation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 5. Is the building equipped with Central Station Smoke/Heat Detection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. Is the building equipped with Central Station Burglar Detection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. Does the Insured require a signed Golf Cart Rental Agreement for all renter of a cart? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 8. Does the Club have a lightning warning and notification system in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If Yes, please describe _____ | | | |

Equipment Storage

- | | | |
|--|------------------------------|-----------------------------|
| 1. In what building is the grounds equipment stored _____ | | |
| 2. Is the building equipped with central station smoke/heat detection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the building equipped with Central Station Burglar Detection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the club have a regular maintenance program in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the club routinely replace older equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Swimming Pool

1. Number of pools on premises: _____
 2. Are you compliant with The Virginia Graeme Baker Pool and Spa Safety Act? Yes No
 3. Is your pool facility ADA compliant? Yes No
 4. Is the pool fenced? Yes No Does the fence have a self-latching gate? Yes No
 5. Are there any diving boards? Yes No Number of diving boards: _____
Height of Diving Board(s) in meters _____ Depth of Pool at entry from the Diving Board(s) _____
 6. Are lifeguards on duty? Yes No
If No, is a sign posted "Swim At Your Own Risk"? Yes No
If No, is there an Emergency Phone within 100' of the pool area? Yes No
 7. Does pool have visible depth markers? Yes No
What is the deepest/highest depth of pool? _____
 8. Is the pool locked to deny normal access during non-working hours? Yes No
 9. Is there a sliding board? Yes No If yes, height and type of slide _____
If yes, is the slide fully enclosed? Yes No
Are slide/diving activities separate from normal pool? Yes No
- NOTE: If there is a sliding board, pictures must be provided**
10. Is there a swim team associated with the club? Yes No
 11. Is there a dive team associated with the club? Yes No

Snack Bar or Restaurant

1. Is the snack bar or restaurant operated by: Insured Concession
If Concession, does lessee provide Certificates of Insurance naming club as Add'l Insured? Yes No
2. What type of extinguishing system is installed over cooking facilities? Wet Dry
Does the system cover the Deep Fat Fryers? Yes No
Is the system UL 300 compliant? Yes No
How often is the system serviced? (Example Annually, quarterly) _____
3. Does Club require Employees to have TIPS or similar alcohol awareness training? Yes No
If yes, indicate employees required to complete training: Bartenders
 Beverage Cart Operators
 Wait Staff
 Valet Parking Attendants
Are written procedures in place regarding the proper serving of alcohol? Yes No
Are written procedures enforced? Yes No
4. Does the club have a "Call A Cab" program in place? Yes No
5. Does the club have a permanent dance floor? Yes No

Dwelling or Habitational

1. Do you have any Dwellings, Rental Properties, Guest Rooms or Employees' Quarters? Yes No
If yes, please describe the use of the property: _____
If they are employee quarters, advise where they are and how many employees occupy them: _____
2. If the club has any of the above types of habitational property, do they have any of the following:

Fire Extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hard-Wired Heat/Smoke Detection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Second means of egress from the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carbon Monoxide Detection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Central Station Smoke/Heat alarms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If there are hotel/guest quarters, what is the total number of rooms available? _____
4. Are rooms available to members and their guests only? Yes No

Guards

- 1. Does the club have any guards? Yes No
If yes, are they Employees or Vendors Employees Vendors
If yes, are they armed? Yes No

Daycare Services

- 1. Does the club provide any daycare services? Yes No
Note – Daycare means long term childcare service while parent/guardian is off the premises of the club
- 2. Does the club provide any babysitting services? Yes No
If yes, age of children? _____
If yes, what is the length of stay provided? _____
If yes, what if the maximum number of children allowed? _____
- 3. Does the club perform a criminal background check on all caregivers? Yes No
- 4. Does the club perform a child abuse background check on all caregivers? Yes No

Day Camp Services

- 1. Does the club operate a day camp? (If yes, please complete the following questions) Yes No
- 2. What is the counselor to children ratio? (example - 1 counselor to 6 children) _____
- 3. Number of children in the following age groups: _____
0 – 5 _____ 6 – 10 _____ 11 - 14 _____
- 4. Available to members' children only? Yes No
- 5. Any field trips off premises? Yes No
If yes, please describe: _____
- 6. Does the club perform a criminal background check on all counselors? Yes No
- 7. Does the club perform a child abuse background check on all counselors? Yes No
- 8. How long do the day camps run? (example – Last 3 weeks in July) _____
- 9. What are the daily hours? (example – 9 to 2 Monday through Friday) _____
- 10. Does the club provide any transportation? Yes No
If yes, please describe: _____
If no, who does? _____
If a third party is used for transportation;
Is there a contract in place? Yes No
Has the insured confirmed proper insurance is in place? Yes No
What is the limit of insurance purchased? _____
Is the insured named as an additional insured on the 3rd parties auto policy? Yes No

Signature

Date