



Club Name _____ **Federal Employer ID#:** _____

General Information

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

4. Estimated gross annual receipts* for the following:

- Question #4 does not need to be completed if an income statement or audited financials are included in submission.

Membership Dues/Initiation Fees \$ _____

All Other Fees (Greens, Golf Carts, Locker Rooms, 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):

- | | | | |
|--|--|---------------------------------------|--|
| <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"/> Real Estate Development | <input type="checkbox"/> Armed Guards | <input type="checkbox"/> Other |

Please 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

Swimming Pool

1. Number of pools on premises: _____
2. Is the pool fenced? Yes No Does the fence have a self-latching gate? Yes No
3. 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) _____
4. Are lifeguards on duty? Yes No If No, is a sign posted? Yes No
5. Does pool have visible depth markers? Yes No
6. Is the pool locked to deny normal access during non-working hours? Yes No
7. Is there a sliding board? Yes No Height/type of slide _____
 If there is a sliding board, pictures must be provided.
8. Does the insured sponsor or is aware of any upcoming PGA or LPGA events? Yes No



Snack Bar or Restaurant

1. Operated by: Insured Concession If Concession, does lessee provide Certificates of Insurance naming Club as an additional insured? Yes No
2. Are bartenders and other waitstaff who serve alcohol required to have TIPS or similar training? Yes No
3. Does the club have a "call a cab" program in place? Yes No
4. Does the club have a permanent dance floor? Yes No

Dwellings 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 there 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 the following:

- Fire Extinguishers? Yes No
 Hard-Wired Heat/Smoke Detection? Yes No
 Central Station Alarm? Yes No
 Second Means of Egress from the Property? Yes No

3. If there are Hotel/Guest Quarters: total number of rooms _____
4. Are rooms available to members and their guests only? Yes No

Herbicide/Pesticide Operations

1. Are the Herbicides/Pesticides applied by licensed and trained individual (s)? Yes No
2. Where are the Herbicides/Pesticides stored? _____
3. Are there any bodies of water within 100 feet of the storage area? Yes No
If so, what is it (pond, lake, stream, etc.) and what is the distance? _____

****PLEASE NOTE – OUR UMBRELLA PRODUCT DOES NOT PROVIDE EXCESS COVERAGE OVER ANY TANK LIABILITY POLICY****

Daycare Services

1. Does club provide daycare services? Yes No
(PLEASE NOTE DAYCARE MEANS LONGTERM CHILDCARE SERVICE WHILE PARENT/GUARDIAN IS OFF THE PREMISES OF THE CLUB)

Day Camp Services

- Does club operate a day camp? Yes No

If yes, the following information must be completed.

1. What is the counselor to children ratio? _____
(example: 1 counselor per 6 children)
2. Number of children in the following age groups 0 to 5 _____ 6 to 10 _____ 11 to 14 _____
3. Available to members' children only? Yes No
4. Any field trips off premises? Yes No
If Yes, please describe _____
5. Does the club do a criminal background check on the counselors? Yes No
6. Does the club do a child abuse background check on the counselors? Yes No
7. How long do the day camps run? _____
(example: last 3 weeks in July)
8. Daily Hours? _____
(example 9 to 2 Monday to Friday)
9. Does the club provide any transportation? Yes No
If Yes, please describe _____



Automobile

1. Please provide the number of units for the following classes of autos:
 _____ Private Passenger _____ Trailers _____ Other
2. Hired and Non-Owned Auto Only Yes No

Directors & Officers Liability

1. Does the insured currently purchase D&O / EPLI? Yes No
2. Is Defense **outside** the Limits? Yes No Sub-Limit, if applicable _____
3. Does the insured have a formal Employment Practices Policy / Procedure in place that has been clearly communicated to all employees? Yes No

Underlying Policy Information

LINE OF COVERAGE	CARRIER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL PREMIUM
GENERAL LIABILITY				Each Occurrence: \$ General Aggregate: \$ Prod & Comp Ops Aggregate: \$ Personal & Adv Injury: \$ Fire Damage: \$ Medical Expense: \$	Liquor: \$ All Other GL Premium \$
AUTOMOBILE				CSL: \$ BI: \$ PD: \$	\$ \$ \$
EMPLOYERS LIABILITY				Each Accident: \$ Disease Policy Limit: \$ Disease Each Employee: \$	\$ \$ \$
DIRECTORS & OFFICERS / EMPLOYMENT PRACTICES LIABILITY				D&O: \$ EPL: \$	\$ \$
EMPLOYEE BENEFITS LIABILITY				Each claim \$ Aggregate \$	\$ \$

If the following coverage is not included in the General Liability Policy, please provide each of the following:

LINE OF COVERAGE	CARRIER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL PREMIUM
LIQUOR LIABILITY				\$	\$
GARAGE KEEPERS LEGAL LIABILITY				\$	\$
HERBICIDE / PESTICIDE				\$	\$



ANTI FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prison.

NOTICE TO APPLICANTS

The Venture Hospitality, Inc. Risk Purchasing Group, domiciled in Pennsylvania and licensed in all states except HI, maintains the sole purpose of providing liability insurance to individuals and businesses operating Golf and or Country Clubs.

By signing the application, and conditioned upon your application being accepted, the applicant agrees to: (1) become a member of the Venture Hospitality, Inc., Risk Purchasing Group; and (2) authorize Venture Hospitality, Inc. Risk Purchasing Group or its administrator, Venture Programs, to purchase insurance on your behalf; and (3) purchase insurance coverage which is selected by Venture Hospitality, Inc. Risk Purchasing Group for its members. A Certificate of Liability Insurance will be sent. Actual coverage is subject to the terms and conditions of the policy as issued.

By signing the application, and conditioned on your application being accepted, you agree that your membership, if accepted, shall commence on the inception date of insurance coverage and shall terminate upon: (1) your written resignation from Venture Hospitality, Inc. Risk Purchasing Group; (2) your failure to pay the premium; or (3) written notice from Venture Hospitality, Inc. Risk Purchasing Group, which it may give for any reason, including, any change in your business which could jeopardize the homogeneity of Venture Hospitality, Inc. Risk Purchasing Group. You agree to pay the premium and taxes (if applicable) to Venture Programs which handles the business affairs of Venture Hospitality, Inc. Risk Purchasing Group.

Insured Signature: _____ Date _____

Agent Signature: _____ Date _____