



# UMBRELLA LIABILITY SUPPLEMENTAL QUESTIONNAIRE

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):

- Beauty Shops Horseback Riding Hunting Skeet/Trap Ranges
Private Beach Marina/Yacht Club Watercraft Skiing
Ice Skating Other

## Please provide a brief description of these amenities:

Empty text box for describing 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.



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## 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  
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? \_\_\_\_\_

## 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 \_\_\_\_\_



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## 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
3. Does the insured sponsor any PGA events or other large-scale entertainment (i.e concerts, etc.)?  
 Yes       No
4. 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: \$	\$  \$

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				\$	\$



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## 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 the insurance coverage 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: \_\_\_\_\_