



Club Name:

Effective Date:

1.0 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	\$	
5. If HOA, Number of Members/Homes
6. Number of Rounds Played per Year
7. Amenities offered (check all that apply):

Beauty Shops	Horseback Riding	Hunting
Private Beach	Marina/Yacht Club	Watercraft
Ice Skating	PGA/LPGA Events	Spa
Fitness Center/Gym	Other (Please provide a brief description of these amenities:	
8. 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
9. Is there a Risk Transfer program in place including obtaining Certificates of Insurance and favorable hold harmless contracts from all vendors? Yes No
10. Does the club have a formal, written safety program? Yes No
11. Have membership by-laws and guidelines been reviewed and approved by legal counsel within the last 3 years? Yes No
12. Does the insured perform weekly inspections of the golf course including cart path conditions, bridges, road crossings? Yes No
13. Does the golf course have known presence of any dangerous animals and/or reptiles (for example alligators)? Yes No
If yes, what controls are in place to protect golfers?

2.0 Property

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

2.0 Property (continued)

2. Distance to closest Fire Hydrant: _____ Distance to Fire Department: _____
 The Fire Department is: Paid Volunteer
 List all buildings that are within 100 feet of the clubhouse:
3. 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
 If yes, what systems are connected to the back-up generators?
 Refrigeration Heating/Cooling Lighting Electrical Computer
 Sprinkler System Support Other – Describe: _____
6. If smoking is permitted are there designated smoking areas with proper disposal receptacles? N/A Yes No

3.0 Roofing Construction

1. What type of roof is on the Clubhouse?
 Asphalt Shingle Clay Tile/Spanish Tile Copper
 Decorative Steel/Aluminum Slate (or Synthetic Slate) Rolled Rubber Roofing
 Wood Shakes Flat/Built Up Concrete Tile
 Other – Describe: _____
2. For locations in AR, CO, KS, LA, MO, NE, OK, TX, is clubhouse roof UL22180 or 110MPH rated? Yes No
 Other buildings? _____

4.0 Building Winterization

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

5.0 Golf Carts and Golf Course

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

6.0 Equipment Storage

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

7.0 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

8.0 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 |
| 3. | Is the system serviced at least semi-annually? | | | Yes | No |
| | If no, how frequent? | | | | |
| 4. | Are hood and duct filters cleaned by insured at least weekly? | | | Yes | No |
| | If no, how frequent? | | | | |
| 5. | 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 |
| 6. | Does the club have a "Call A Cab" program in place? | | | Yes | No |
| 7. | Does the club have a permanent dance floor? | | | Yes | No |

8.0 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? | Yes | No | Hard-Wired Heat/Smoke Detection? | Yes | No |
| | Carbon Monoxide Detection? | Yes | No | Central Station Smoke/Heat Alarms? | Yes | No |
| | | | | Second means of egress from the property? | Yes | 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 | |

9.0 Guards

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

10.0 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 |

10.0 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 3 rd parties auto policy? | Yes | No |

Signature

Date