



SOCIAL CLUBS SUPPLEMENTAL QUESTIONNAIRE

Club Name: _____ Federal Employer ID#: _____

General Information

1. Number of members _____ 2. Number of Employees _____
3. 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 | \$ _____ |
| Snack Bar/Restaurant Receipts | \$ _____ |
| Liquor Sales | \$ _____ |
| Spa Receipts | \$ _____ |
| Fitness Receipts | \$ _____ |

4. Amenities offered (check all that apply): **Separate Applications Required When Indicated by ***
- Dining/Restaurant Spa* Fitness Center Swimming Pool
- Tennis± Beauty Shops
- Other Provide a brief description of these amenities: _____

± If Tennis is checked above, does club have a Tennis Bubble? Yes No If yes, a separate application for the bubble is required.

5. Are Certificates of Insurance which include naming the Club as additional insured obtained and kept in file for all contracted work? Yes No
6. 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"/> Copper <input type="checkbox"/> Slate (or Synthetic Slate) <input type="checkbox"/> Wood Shakes <input type="checkbox"/> Other (Describe) _____ | <input type="checkbox"/> Clay Tile / Spanish Tile <input type="checkbox"/> Decorative Steel / Aluminum <input type="checkbox"/> Rolled rubber roofing <input type="checkbox"/> Concrete Tile |
|---|---|

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

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 install 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

Babysitting 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? _____

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 _____