

12. Property Coverage Extensions/Additional Coverages:

The following coverages are provided without additional charge at the limit indicated. For increased limits please indicate desired limit in space provided below.

Coverage	Limit Provided	Desired Limit	Coverage	Limit Provided	Desired Limit
Accounts Receivable	\$ 250,000	\$	Loss Settlement Expense	\$ 5,000	\$
Automatic Fire Suppression System Recharge	\$ 5,000	\$	Money & Securities—In-side	\$ 25,000	\$
Business Computer Equipment	\$ 25,000	\$	Money & Securities—Outside	\$ 25,000	\$
Business Computer Software	\$ 25,000	\$	Money Orders & Counterfeit Paper Currency	\$ 25,000	\$
Business Computer Extra Expense	\$ 10,000	\$	Newly Acquired or Constructed Building	\$ 1,000,000	\$
Consequential Loss	\$ 5,000	\$	Newly Acquired or Constructed BPP	\$ 1,000,000	\$
Credit Card Transaction	\$ 5,000	\$	Non-Owned Detached Trailers	\$ 5,000	\$
Debris Removal	\$ 25,000	\$	Off Premises Utility Failure	\$ 25,000	\$
Employee Dishonesty	\$ 50,000	\$	Ordinance or Law (B & C)	\$ 100,000	\$
Equipment Rental Reimbursement	\$ 100,000	\$	Outdoor Property (other than signs, trees, plants & shrubs)	\$ 50,000	\$
Fine Arts	\$ 25,000	\$	Outdoor Property (signs only)	\$ 25,000	\$
Fire Department Service Charge	\$ 5,000	\$	Paved Surfaces	\$ 100,000	\$
Fire Extinguisher Recharge	\$ 2,500	\$	Pollutant Cleanup	\$ 50,000	\$
Forgery and Alteration	\$ 50,000	\$	Property In Transit	\$ 25,000	\$
Foundations and Underground Piping	\$ 100,000	\$	Property Off Premises	\$ 25,000	\$
Golf Course and Driving Range Netting	\$ 50,000	\$	Reward	\$ 5,000	\$
Golf Cart Rental Reimbursement	\$ 100,000	\$	Trees, Plants & Shrubs (per location)	\$ 50,000 (per occurrence) \$ 100,000 (aggregate)	\$
Golf Course Grounds (Tee to Green)	\$ 50,000	\$	Valuable Papers	\$ 250,000	\$
Key Replacement/Lock Repair	\$ 5,000	\$	Water Backup or Overflow of Sewer, Drain or Sump	\$ 100,000	\$

13. Inland Marine Coverages (Enter X next to desired coverage and indicate limit and deductible).

X	Coverage	Limits	Deductible
<input type="checkbox"/>	Owned Golf Carts	\$	\$
<input type="checkbox"/>	Carts of members stored on premises	\$	\$
<input type="checkbox"/>	Owned Tools	\$	\$
<input type="checkbox"/>	Non-owned Tools(other than employees)	\$	\$
<input type="checkbox"/>	Employee Tools	\$	\$
<input type="checkbox"/>	Course Maintenance Equipment	\$	\$
<input type="checkbox"/>	Other	\$	\$

14. General Liability Coverages and Limits

Per Occurrence: \$ _____

Medical Payments: \$ _____

Aggregate: \$ _____

Fire Damage Legal Liability: \$ _____

Pesticide/Herbicide: Exclude Include

Hired and Non-Owned Liability: Exclude Include

Employee Benefits Liability: Exclude Include

Garagekeepers Legal Liability: \$ _____

Other: \$ _____

Describe: _____

Liquor Liability: Each Common Cause: \$ _____

Aggregate: \$ _____

15. Umbrella Liability Coverage and Limits

Each Occurrence Limit (Liability Coverage): \$ _____

Any one person or organization Aggregate Limit (Liability Coverage) (except with respect to "covered autos"): \$ _____

General Information

16. Receipts/Statistics

Revenue	Amount	Statistics	Number
Green Fees	\$	Employees	
Dues	\$	Holes	
Driving Range	\$	Annual Rounds	
Pro Shop	\$	Year Course Founded	
Cart Rental	\$	Years Operated by Current Owner	
Restaurant (Excl. Liquor)	\$	Months Clubhouse Open	
Liquor	\$	Months Course is Open	
Tennis	\$		
Other (describe)	\$		
Total Receipts	\$		

17. Management Personnel

Position	Name	Age	Length of Employment	Years Experience
Club Manager				
Club Pro				
Course Superintend.				

18. If golf course/club offers memberships, are there any restrictions on who may join? Yes No

General Liability Information

Golf Carts

19. What types of carts do you have? Gas Electric

20. Where are your golf carts stored when not in use? _____

How often are they serviced? _____ Who services them? _____

21. What is the minimum age required for golf cart use? _____

22. Are parents warned about the dangers of leaving small children in unattended golf carts? Yes No

23. Are carts locked and secured when closed for the evening? Yes No

If no, describe security measures: _____

Tournaments (attach open tournament guidelines for the course).

24. Are tournaments open or closed to the general public? Opened Closed

If open, are security guards used? Yes No

25. Are procedures in place for crowd control, first aid and evacuations? Yes No

Course Safety

26. Have you ever had any claims resulting from course design? Yes No

27. Are employees trained to deal with medical emergencies and are they Red Cross Certified? Yes No

28. Does your course or courses have lightening detection systems to warn golfers? Yes No

If no, explain how golfers are warned about weather conditions. _____

Driving Range

29. Are tee lines clearly marked? Yes No

30. If the range is next to a roadway, are perimeter nets in place? Yes No

31. Are golfers allowed to hit balls from both ends? Yes No

If yes, minimum yardage: _____

Restaurant (answer section only if club contains a restaurant or snack bar)

32. Are employees properly trained in sanitary procedures? Yes No

33. Are procedures in place to minimize food spoilage and contamination?
(e.g., oven calibration, records on maintenance, labels and dates on foods) Yes No

34. Did you receive a passing grade on your most recent public health department inspection? Yes No

35. Is there a UL approved auto-extinguishing system over all cooking surfaces and fryers? Yes No

36. How often are hoods and ducts cleaned under contracts? _____

37. Do you provide off-premises catering services? Yes No

38. Who operates the snack bar or restaurant: Insured Concession Lessee

39. If leased, does the lessee provide the lessor with certificates of insurance with limits equal to those carried by the insured and name the insured as an additional insured under the lessee's policy? Yes No

40. Seating Capacity: _____ Hours of Operation: _____ Size of Restaurant _____ sq. feet

71. Check the following operations if present at your golf course:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Sauna | <input type="checkbox"/> Tennis Courts # _____ | <input type="checkbox"/> Concerts/Talent Shows | <input type="checkbox"/> Massage Parlor |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Gym Sq. Ft. _____ | <input type="checkbox"/> Beauty Shop | <input type="checkbox"/> Private Beach |
| <input type="checkbox"/> Private Dock | <input type="checkbox"/> Dance Floor Sq. Ft. _____ | <input type="checkbox"/> Homeowners Association | <input type="checkbox"/> Whirlpool/Jacuzzi |
| <input type="checkbox"/> Valet Parking | <input type="checkbox"/> Security Guards - Unarmed | <input type="checkbox"/> Overnight rooms | <input type="checkbox"/> ATVs |
| <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Security Guards - Armed | <input type="checkbox"/> Snow Mobiles | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Use of Pyrotechnics | <input type="checkbox"/> Sledding | <input type="checkbox"/> Boat Rental | <input type="checkbox"/> Mosh Pit |
| <input type="checkbox"/> Line Dancing | <input type="checkbox"/> Skeet/Trap Shooting | <input type="checkbox"/> Heavy Rock and Roll | <input type="checkbox"/> Other: _____ |

Property Information

Building Information (indicate year of updates)—Use ACORD Application when locations total more than five).

Prem. No.	Bldg. Age	Roof	HVAC	Plumbing	Electrical	Sprinklered	% Sprkl. If yes	Fire Alarm*	Burglar Alarm*
						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> L <input type="checkbox"/> CS	<input type="checkbox"/> L <input type="checkbox"/> CS
						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> L <input type="checkbox"/> CS	<input type="checkbox"/> L <input type="checkbox"/> CS
						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> L <input type="checkbox"/> CS	<input type="checkbox"/> L <input type="checkbox"/> CS
						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> L <input type="checkbox"/> CS	<input type="checkbox"/> L <input type="checkbox"/> CS
						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> L <input type="checkbox"/> CS	<input type="checkbox"/> L <input type="checkbox"/> CS

* (L=local, CS= Central Station)

- 72.** Have you or anyone with a financial interest in the property been convicted of arson, fraud, or other crime related to loss of property owned now or during the past five years? Yes No
- 73.** Are all roofs wind or impact resistant? Yes No
- 74.** Distance to nearest fire hydrant? _____ No. of Hydrants on Site: _____ Distance to nearest Fire Department? _____
- 75.** What is the protection class of the golf course? _____
- 76.** Are there are other water supplies for fighting a fire on the course? Yes No
If yes, explain _____
- 77.** Are charging devices properly grounded on all owned and private electric carts? Yes No
- 78.** Are No Smoking Signs posted at the entrance to cart sheds? Yes No
- 79.** Is the recharging area for electric carts well ventilated? Yes No
- 80.** Are fire extinguishers kept in the cart sheds? Yes No
- 81.** Is the course sprinkler system electronically controlled? Yes No
a. If yes, is the entire system grounded? Yes No
b. System checked Annually 6 months Not Checked

Crime Information

- 82.** How is the course secured when closed for the season? _____
- 83.** Who has access to safes? _____
- 84.** Are pre-employment background checks performed on all employees? Yes No
- 85.** Do you make daily bank deposits? Yes No
- 86.** How many individuals work with accounts payables? _____
- 87.** Are checks required to be countersigned? Yes No
- 88.** Is there an annual audit conducted? Yes No
If yes, by whom? _____

NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

I/WE DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT'S NAME /ADDRESS: _____ PHONE NUMBER: _____

IOWA LICENSED AGENT (IF APPLICABLE): _____

AGENT'S NAME: _____ AGENT'S LICENSE NUMBER: _____

(Applicable to Florida agents only)