



Golf Course Program Renewal Application

1. a. Insured Name: _____
 b. Additional Names/DBAs: _____
 (First Named Insured is responsible for premium payment, cancellation and changes—refer to policy wording.)
 c. Contact Person: _____ Phone: _____ Email: _____

2. Renewal Effective Date: _____ Previous Policy Number: _____

3. Any changes in your operation during the past year (including, but not limited to, new buildings; remodeling; changes in ownership; changes in mortgagee, loss payee or additional insured; changes in premises protection such as adding a central station alarm, updating it or removing it) Yes No
 If yes, describe in detail: _____

4. Any changes desired to the Property Limits? Yes No

If yes, please provide updated Property limits for the following categories:

Bldg. No.	Building Limit	BPP Limit	Bldg. No.	Building Limit	BPP Limit
1			6		
2			7		
3			8		
4			9		
5			10		

5. Any changes desired to the Inland Marine Limits? Yes No

If yes, include updated schedule of equipment with application:

Course Maintenance Equipment	Golf Carts	Small Tools	Employee Tools

6. Have there been any changes in management? Yes No

If yes, please complete the chart below:

Position	Name	Age	Employment Length	Years of Industry Experience
Club Manager				
Club Pro				
Greenskeeper				

7. Number of annual rounds: _____

8. Provide updated receipt information on the following categories for the past year:

Receipt Type	Amount
Green Fees	\$
Dues	\$
Driving Range	\$
Pro Shop	\$
Cart Rental	\$
Restaurants (excl. Liquor)	\$
Liquor	\$
Tennis	\$
Other(Describe)	\$
Total Receipts	\$

9. a. Any changes in either reserves or final disposition on any prior claims with previous carrier(s) within last five years?

Yes No

b. Are you aware of any potential claims or incidences not already reported to the carrier?

Yes No

c. If yes to a-b above, attach updated loss runs.

ALL SECTIONS ABOVE MUST BE COMPLETED

In addition to this completed and signed renewal business application, we require the following:

- Updated and Signed Statement of Values (SOV) if changes in buildings limits are desired
- Updated Equipment List
- Updated Auto and/or Umbrella Acords if coverage is desired

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)

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNINGS

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.