



EAGLE 3 GOLF FACILITIES PROPERTY AND LIABILITY SUPPLEMENTAL APPLICATION

(To be used in conjunction with ACORD General Liability, Property and Inland Marine applications)

General Information

Name of Insured: _____ Website: _____

Address: _____

Number of Courses on Property

Nine-hole: _____ Eighteen-hole: _____

Total Number of Rounds played all courses

Last Year: _____ Current _____ Next year: _____

Type of Course

What is the ownership of the facility?

Privately owned by members

Privately owned by others

Municipally owned

Who uses the facility?

Members and their guests only

Daily fee only (no members)

Daily fee and member play

Weekend Greens Fees: \$ _____

Limits of Coverage

1. **Property of Members or Customers** (choose from \$0 up to \$5,000 per person): \$ _____

2. **Golf-Specific Property Limit of Coverage:** \$ _____

Golf-Specific Property includes: benches, ball washers, and course markers; fences, nets and outdoor signs not attached to buildings; paved walkways, paved golf car or cart paths, bridges, and retaining walls; in-ground landscape sprinkler systems and underground wiring, lightning detection and alarm systems; flags, cups and directional signals; light fixtures, poles and bells; tennis courts and playground equipment; pools and fountains; and monuments.

3. **Greens, Tees, Fairways, and Maintained Rough Limit of Coverage** \$ _____

Deductible Options (\$500 Standard): \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

Peril of Wind Excluded: Yes No

4. **Trees, Plants, & Shrubs Occurrence Limit of Coverage:** \$ _____

Per Tree Limit of Coverage: \$ _____

Peril of Wind Excluded: Yes No

5. **Business Income and Extra Expense limit for golf course trees, shrubs, plants and lawns:** \$ _____

You may extend your Business Income and Extra Expense limit to apply to loss caused by or resulting from direct physical loss of or damage to outdoor trees, shrubs, plants and lawns that are part of your golf course greens, tees, fairways and rough areas at the described premises.

Peril of Wind Excluded: Yes No

6. **Scheduled Golf Course Vehicles and Equipment limit of coverage:** \$ _____

7. **Unscheduled Golf Course Vehicles and Equipment you own or regularly lease, rent or borrow** but not more than \$ _____ for any one item limit of coverage: \$ _____

8. **Golf Course Vehicles and Equipment you temporarily Lease, Rent or Borrow from others** but not more than \$ _____ for any one item limit of coverage: \$ _____

Deductible: \$ _____ per occurrence **Valuation:** Replacement Cost ACV

Underwriting Information

Operations - General:

1. Are Certificates of Insurance obtained for all independent contractors/subcontractors? Yes No
If yes, please list contractor and service performed: _____

2. Are there any plans to remodel the club or make major capitol purchases during the next policy period? Yes No
If yes, explain in detail - use separate sheet if necessary: _____

3. Are security guards present? Yes No
If Yes, are security guards armed? Yes No
4. Are there security cameras on the property? Yes No
If yes, where are they located? _____

5. Are the premises shut down for any period during the year? Yes No
If yes, when? _____
6. Describe security measures taken during shut-down: _____

7. What is the protection class of the property? _____
If protection class is 7 or higher, what is the source of water supply? _____
8. Distance to the closest fire hydrant: _____
9. Distance to fire department: _____ Is the fire department? Paid Volunteer

Operations - Golf Carts:

1. Golf Carts: Number of Carts: _____ Owned: _____ Leased: _____
If leased, are Certificates of Insurance obtained naming the Club as Additional Insured? Yes No
2. Are the golf carts stored under the clubhouse? Yes No
If yes, is it sprinklered? Yes No
3. How are carts powered? Gas Electric/battery
4. Is there an exhaust (ventilation) system in golf cart storage facility? Yes No
5. Is there a No Smoking policy in effect and enforced? Yes No
6. When was the last electrical maintenance visit performed? _____
7. Who is responsible for maintenance of golf carts? _____
8. Are there operators under the age of 18? Yes No
9. Describe security for golf carts (alarms, locks, sprinklers, etc.): _____

10. Who is responsible for insuring golf carts? Club Pro Golf Cart Dealer/Lessor

Operations - Golf:

1. List any Professional or Major Amateur Events planned during the next three years:

2. Is the golf professional a: Club Employee Independent Contractor
3. Is the Pro Shop owned by: Club Independently Operated

Operations – Tennis / Platform Tennis:

1. Tennis Bubbles: Yes No
 # and Age of Bubbles: _____ How supported? _____
2. List major tournaments planned for the next 3 years: _____

3. Is the tennis professional: Club Employee Independent Contractor
4. Is Tennis Shop owned by: Club Independently Operated

Operations – Swimming Pool:

1. Number of Pools: Indoor _____ Outdoor _____ Kiddie Pools _____
2. Hours of Operation: _____ Number of certified life guards: _____
3. Is the pool fenced or protected by perimeter protection at least 4 feet high? Yes No
4. Do they have self-closing gates? Yes No
5. Are rules posted? Yes No
6. Are there any diving boards or water slides? Yes No
 If yes, describe: _____
7. Height of diving boards and how used: _____
8. Depth of pool in diving/slide area: _____ Is it clearly marked? Yes No
9. Maintenance performed by insured? Yes No
 If no, who performs: _____
10. Is water tested daily? Yes No
11. Is there a log kept of results? Yes No
12. Where are pool chemicals stored? _____
13. Are the chemicals applied by assigned employees only? Yes No
14. Are chemical storage facilities locked at all times? Yes No

Operations – Watercraft:

1. Number of owned watercraft: Canoes: _____ Rowboats: _____
 Powerboats: 50 hp or less: _____ Over 50 HP: _____
 Sailboats: Under 26 ft: _____ 26 ft or over: _____

Operations - Other:

1. Other Club Activities:
- | | | |
|---|--|---|
| <input type="checkbox"/> Skeet/Trap ranges | <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> Jacuzzi/Saunas |
| <input type="checkbox"/> Baby Sitting/Child Care | <input type="checkbox"/> Saddle Animals | <input type="checkbox"/> Downhill Skiing |
| <input type="checkbox"/> Weight Room | <input type="checkbox"/> Steam Room | <input type="checkbox"/> Ice Skating |
| <input type="checkbox"/> Barbershop | <input type="checkbox"/> Tanning Beds | <input type="checkbox"/> Sledding |
| <input type="checkbox"/> Masseur/Masseuse | <input type="checkbox"/> Fitness Trailer | <input type="checkbox"/> Cross Country Skiing |
| <input type="checkbox"/> Health Club Facilities/spa | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Beach Club |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Squash | <input type="checkbox"/> Fireworks Displays |
| <input type="checkbox"/> Day Camps | <input type="checkbox"/> Other: _____ | |

2. What specific services are provided if any with the above (e.g. facials, weight control/counseling, manicures, personal trainers): _____

3. Is staff trained in CPR? Yes No
4. Does the club have defibrillators? Yes No
If yes, is staff fully trained & do they take a certification course every year? Yes No
5. Are there any products sold under their name? Yes No
If yes, please explain those products: _____

Daycare or Babysitting:

1. If daycare or babysitting, is facility licensed? Yes No
2. Hours of operation: _____ Ratio of children to adults: _____
3. Ages of children in facility: _____
4. Activities for children (including field trips): _____

5. Policy regarding sick children: _____
6. Describe any overnight activities: _____

7. Have there ever been incidents of sexual or physical abuse arising in connection your operation? Yes No
If yes, describe: _____
8. Has there ever been an investigation of your operation by any public authority relating to sexual or physical abuse? Yes No
If yes, explain: _____

(Please complete sexual and physical abuse supplemental application)

Restaurant or Snack Bar:

1. Does the club have a dance floor and offer live entertainment? Yes No
2. Is the restaurant or snack bar operated by: Insured Concessionaire
If concessionaire, does lessee provide certificates of insurance naming the club as an additional insured? Yes No
3. What type of extinguishing system is installed over cooking facilities? _____

4. Does the system cover the deep fat fryers? Yes No
5. Is there a thermostat and high temperature shut off to deep fat fryers? Yes No
6. Is an automatic fuel shut-off to all cooking appliances activated by the release of the automatic extinguishing system? Yes No
7. Is there a minimum clearance from hood and duct of 18" to all combustible construction? Yes No
8. Are portable extinguishers available in the kitchen? Yes No
9. Is a contract in existence for semi-annual inspection and maintenance of the extinguishing system? Yes No
Date of last inspection: _____
10. Is there a regular schedule for cleaning hoods, ducts, filters? Yes No
11. Are filters cleaned daily, hood and duct system weekly, with a minimum of semi-annual cleaning by a professional firm? Yes No
Last date professional firm cleaned: _____

Liquor Liability:

- 1. Estimated annual receipts of liquor, beer, and wine: \$ _____
- 2. Estimated annual receipts of food and beverages including alcohol: \$ _____
- 3. What hours is liquor served? _____
- 4. Are bartenders, servers, and parking valets required to participate in alcohol awareness programs as a regular part of job training? Yes No
- 5. Is there a Designated Driver Program or escort service provided for those unable to drive? Yes No
- 6. Are any of the operations involving liquor contracted out? Yes No
- 7. Have any citations been issued for law violations? Yes No
- 8. Has your liquor license ever been revoked or suspended? Yes No
If yes, explain: _____
- 9. Have there been any Liquor Liability claims or suits in the past 5 years? Yes No
If yes, explain: _____
- 10. Has liquor liability insurance coverage ever been declined, cancelled, or non-renewed? Yes No
If yes, explain: _____

Dwellings or Rental Property:

- 1. Do you have any Dwellings or Rental Property? Yes No
If yes, please describe: _____
- 2. If habitational, does the property have fire extinguishers? Yes No
- 3. Is the building sprinklered? Yes No
- 4. Is there a central fire alarm? Yes No
- 5. Are there hard-wired heat/smoke detectors? Yes No
- 6. Is there a second means of egress from the property? Yes No
- 7. Is there any security? Yes No
If yes, please describe: _____

Employee Benefits:

- 1. What benefit programs are covered by insurance? _____
- 2. Who administers the benefit programs and enrollments? _____
- 3. Has there been any claim in the past 5 years? Yes No
If yes, explain: _____
- 4. Does the applicant have any knowledge of any occurrence that might lead to a claim under this coverage? Yes No
If yes, please explain: _____

Liability:

- 1. Total Rounds of Golf: _____
- 2. Number of Swimming Pools:..... _____
- 3. Dwellings/Apartments Units: _____
- 4. Restaurant Sales: \$ _____
- 5. Liquor Sales: \$ _____
- 6. Athletic Goods Sales: \$ _____
- 7. Other: _____

Business Earnings & Extra Expense:

- 1. Clubhouse Limitation Clubhouse & Pro Shop Limitation Ordinary Payroll Exclusion
- 2. Gross Revenue: \$ _____
- 3. Non-continuing Expenses: \$ _____
- 4. Total Earnings: (Gross revenue minus non-continuing expenses)..... \$ _____
- 5. Duration of Interruption (Percent of time club will be interrupted)..... _____
- 6. Adjusted Interruption Exposure (Total Earnings times duration of interruption %) \$ _____
- 7. Extra Expense Exposure \$ _____
- 8. Total Exposure for Loss of Income..... \$ _____
(Adjusted interruption exposure plus extra expense exposure)

Financial Data:

Total Current Assets: \$ _____ Total Current Liabilities: \$ _____ Net Sales: \$ _____
 Total Liabilities: \$ _____ Total Equity: \$ _____ Net Profit: \$ _____

Required Information to provide a Quote:

- Statement of Values (listing building & contents separately, occupancies and construction of each)
- Expiring Loss Runs and 4 years prior
- Limited Above-Ground Pollution with Pesticide/Herbicide Applicators Application completed by insured
- Updated & Current Financials
- Sales brochures if available
- Updated & Current Driver's List (including MVRs)
- Confirm main building renovations for wiring, roofing, heating, and plumbing.

FRAUD STATEMENT

Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return your application.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA FOR AUTO: IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

COLORADO: 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.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: 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.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: 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 or a denial of insurance benefits.

MASSACHUSETTS FOR AUTO: NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK FOR AUTO: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION. **FOR OTHER LINES OF BUSINESS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: 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.

PENNSYLVANIA: 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

RHODE ISLAND: *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*

DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
_____ **YES** _____ **NO**

TENNESSEE FOR WORKERS COMPENSATION: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits. **FOR OTHER LINES OF BUSINESS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

UTAH FOR WORKERS COMPENSATION: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties. Not applicable in Nebraska.

Signature of Applicant	Date
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SIGNATURE: The above signed is an authorized employee of the prospective Named Insured and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his or her best knowledge and belief. Signing this application shall not constitute a binder or obligate the company to complete this insurance, but it is agreed that this application shall be the basis upon which a Policy may be issued.