



# GOLF PROGRAM APPLICATION

## General Information

Club Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Website \_\_\_\_\_

Club Contact

Email Address

Effective Date

FEIN Number

## Property

Upload/attach a Statement of Values to include all addresses, buildings, building value, Business Personal Property value, mobile equipment and cart value, business income limit, construction type of each building, year built, year of updates, sprinklers, and square footage of each building.

## General Liability

Upload/attach a Statement of Values to include all addresses, buildings, building value, Business Personal Property value, mobile equipment and cart value, business income limit, construction type of each building, year built, year of updates, sprinklers, and square footage of each building.

	Sales
Dues (do not include one-time assessments or charges)	\$
Golf/Greens Fees	\$
Cart/Equipment Rental	\$
Range Income	\$
Pool Fees	\$
Tennis Fees	\$
Other (please describe)	\$
Restaurant Sales (FOOD ONLY)	\$
Liquor Sales	\$
Pro Shop Sales	\$
Annual rounds of golf (18-hole equivalence)	

Does the club own a liquor license? Yes No

Are employees TIPS Trained? Yes No

Are all employees who come in contact with minors subject to a background check? Yes No

**Amenities (Complete below questions if applicable):**

Pool	Yes	No	Equestrian	Yes	No
Tennis	Yes	No	Ice Skating/Hockey	Yes	No
Fitness	Yes	No	Skiing	Yes	No
Day Camp/Junior Program	Yes	No	Marina/Yacht	Yes	No
Day Care/Babysitting	Yes	No	Hunting/Fishing	Yes	No
Lodging/Hotel	Yes	No	Other	Yes	No
Trap/Skeet	Yes	No			

**Auto**

Attach/upload a schedule of vehicles and drivers.

Does the club require coverage for valet services?                      Yes    No

**Workers' Compensation**

	Payroll
Club (9060)	\$
Clerical (8810)	\$

Does the club offer return to work/light duty?                      Yes    No

Pre-hiring drug screening    Yes    No

Post accident drug/alcohol testing    Yes    No

**Submission Checklist**

Statement of Values	Yes	No	Management Liability Application (if requested)	Yes	No
Revenue Statement	Yes	No	Financials	Yes	No
Schedule of vehicles	Yes	No	Storage Tank Liability Application (if requested)	Yes	No
Schedule of drivers	Yes	No	Acord Applications (if all information is not otherwise provided)	Yes	No
Umbrella limit	Yes	No	Loss Runs	Yes	No
Payroll information	Yes	No	Workers' Compensation Declaration Page (if not quoting)	Yes	No

**Pool Operations**

Is the pool fenced with a self-latching gate?                      Yes    No

Does the pool have a diving board?    Yes    No

Does the pool have a slide?    Yes    No

Are lifeguards present at all times?    Yes    No

Does the club sponsor a swim team?    Yes    No

**Tennis Operations**

Are courts lit for nighttime play?    Yes    No

Does the club have a tennis bubble? (additional questions will apply)                      Yes    No

### **Day Camp & Junior Programs**

Is the camp available to the public?	Yes	No
Does the club require waivers?	Yes	No
Does the club provide any transportation?	Yes	No
Are certificates of insurance for all sub-contractors and instructors collected?	Yes	No

### **Fitness Facility and Spa Operations**

Is the fitness facility open to the public?	Yes	No
Are instructors/classes offered?	Yes	No
Do all instructors carry their own professional liability coverage?	Yes	No
Does the club maintain the equipment/machines?	Yes	No
Does the club offer day spa services (facials, waxing, etc.)?	Yes	No

### **Lodging and Employee Housing**

Does the club offer any employee housing?	Yes	No
Is renter's insurance required?	Yes	No
Are rental agreements in place between club and renter?	Yes	No

### **Trap & Skeet Shooting**

Available to members only?	Yes	No
Are appointments required?	Yes	No
Is consumption of liquor allowed?	Yes	No
Are minors allowed to participate?	Yes	No
Are guns and ammo stored on site?	Yes	No
Is a club employee required to be present?	Yes	No

<b>Current Coverage</b>	<b>Eff. Date</b>	<b>Carrier</b>	<b>Premium</b>
Property	_____	_____	\$ _____
General Liability	_____	_____	\$ _____
Auto	_____	_____	\$ _____
Umbrella	_____	_____	\$ _____
Workers' Compensation	_____	_____	\$ _____
Management Liability	_____	_____	\$ _____
Storage Tank/Pollution	_____	_____	\$ _____
Cyber	_____	_____	\$ _____
Other	_____	_____	\$ _____

### **APPLICANT FRAUD WARNINGS**

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. It is a crime to make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or amending an insurance policy.

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

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

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

**NOTICE TO NEW YORK APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance:** 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.

**Automobile Insurance:** 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: 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.

Automobile Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

NOTICE TO TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation: 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.

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.

NOTICE TO UTAH APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: 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.

NOTICE TO WEST VIRGINIA APPLICANTS: 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.

NOTICE TO ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

(Applicant Fraud Language last updated 12/11 using Notice to Policyholders PN CW 01 1211)

Application prepared by (print name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Club President or Owner Name (print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

