



30 Columbia Turnpike, Suite 102
Florham Park, NJ 07932
PHONE: 973.984.1000

AFFINITY CLUB PROGRAM - NEW BUSINESS APPLICATION

General Information

Account Name _____

Mailing Address: _____

Phone Number: _____

Contact: _____

Contact Email Address: _____

Inspection Contact: _____

Effective date: _____

Federal ID No.: _____

Tax Status: _____

Employee Count: _____

Broker Contact: _____

Broker Firm: _____

Property:

- 1. Does the clubhouse have sprinklers? _____
- 2. Are there any vacant/unused buildings on the property? _____
- 3. What months is the clubhouse closed? _____
 - a. Describe operations during closed months:

- 4. What is the protection class of the club? _____
 - a. If not public water, what is the water source?

Golf Course and Maintenance:

- 5. How many golf holes does the club have? _____
- 6. Annual rounds of golf (18-hole equivalence): _____
- 7. Is the course parkland or links style? _____
- 8. Is the golf pro an employee or contractor? _____
 - a. If a contractor, please attach a copy of certificate of insurance.
 - b. Are lessons to non-members given on club property? _____
 - c. Who owns the inventory in the pro shop? _____
- 9. Are all employees who apply chemicals licensed? _____
 - a. Please attach copies of all licenses.
- 10. Where are chemicals and flammables stored? _____
- 11. Are all flammables stored in fire-proof cabinets? _____
- 12. Are records of all chemical purchases and applications kept? _____

Tennis and Operations:

- 1. Number of outdoor courts: _____
 - a. Are courts lit for night play? _____
 - b. Are the courts fenced? _____
- 2. Number of indoor courts: _____
- 3. Does the club have a tennis bubble? _____
- 4. Is the tennis pro an employee or contractor? _____
 - a. If a contractor, please attach a copy of certificate of insurance.
 - b. Are lessons to non-members given on club property? _____
 - c. Who owns the inventory in the pro shop? _____
- 5. Does the club offer paddle tennis? _____

Pool and Operations:

- 1. How many adult pools are at the club? _____
- 2. How many kiddie pools are at the club? _____
- 3. Is the pool fenced with a self-latching gate? _____
- 4. How many diving boards are at the pool? _____
 - a. What are the heights of the diving boards? _____
 - b. Depth of diving area: _____
- 5. How many slides are at the pool? _____
 - a. What are the heights of the slides? _____
 - b. Depth of sliding area: _____
- 6. Is the water tested daily? _____
- 7. Is the club required to get a certificate to open the pool? _____
 - a. Please provide a copy of the most recent certificate.
- 8. Are lifeguards present at all times during operating hours? _____
 - a. Are lifeguards club employees or sub-contractors? _____
 - b. Number of lifeguards during bathing hours? _____
- 9. Does the club sponsor a swim team? _____

Restaurant and Operations:

1. Is the restaurant operated by the club or a concessionaire? _____
 - a. If a concessionaire, please provide a copy of the certificate of liability.
2. Does the club own a liquor license? _____
3. Are employees TIPS trained? _____
4. What are the annual liquor receipts? _____
5. How many of the following events are held per year:
 - a. Golf outings: _____
 - b. Weddings: _____
 - c. Banquets: _____
6. Are all functions required to be sponsored by a member? _____
 - a. Does the club require functions to purchase special events coverage? _____
7. How many seats are in the restaurant and/or ballroom? _____
8. Does the club have a dance floor? _____
 - a. Is the dance floor portable or permanent? _____
 - b. Please include photos of the dance floor.
9. Does the club hold staff parties or allow staff to use the facilities after hours? _____
10. Does the club allow members to bring their own liquor or wine? _____
11. Does the club store member liquor or wine? _____
12. Does the club's kitchen have alarms for temperature change in refrigerators? _____

Day Camp and Operations:

1. What months of the year is the day camp operated? _____
2. What hours of the day is the day camp operated? _____
3. What is the maximum enrollment of the day camp? _____
4. What is the total number of staff for the day camp? _____
5. What is the age range of the children enrolled? _____
6. Is the day camp available to club members only? _____
7. Does the club require the parents to sign waivers for enrollment? _____
8. Who is the head instructor/counselor? _____
 - a. Is this person an employee or sub-contractor? _____
 - b. How long has he/she been associated with the club? _____
 - c. Does he/she have any accreditations or licenses? _____
9. Are background checks run on all counselors/employees? _____
10. Does the club provide any field trips during camp hours? _____
 - a. Who provides the transportation? _____
 - b. Are waivers required for field trips? _____
11. Are any sub-contractors involved in the day camp? _____
 - a. Please provide a certificate of liability.
12. Does the municipality require licensing/certification for running the camp? _____
 - a. Please provide a copy of the most current certificate.
13. Please describe or attach the policies, procedures and safety measures that are in place to ensure a safe environment for the camp attendees:

Fitness Facility and Spa Operations:

1. Does the club offer a fitness facility? _____
 - a. Weights? _____
 - b. Cardio equipment? _____
 - c. Classes? _____
2. Does the club offer instructors or trainers of any type? _____
 - a. Are the instructors employees or contractors? _____
 - b. Are instructors allowed to teach non-members at the club facility? _____
 - c. Does the club allow members to bring their own trainer/instructor? _____
 - d. If contractors, please provide certificate of liability.
3. Who maintains and services the equipment at the club? _____
 - a. Please provide certificates and/or contracts for all third parties that service equipment.
4. Does the club have a day spa? _____
 - a. Haircutting? _____
 - b. Manicure/pedicure? _____
 - c. Massage? _____
 - d. Waxing? _____
 - e. Tanning beds? _____
 - f. Hot stones? _____
 - g. Botox/injections? _____
5. Is the spa run by employees or a sub-contractor? _____
 - a. If contractor, please provide copy of certificate of liability.
6. Does the club offer a steam room or sauna? _____
 - a. Who monitors? _____
 - b. How is heat controlled? _____
 - c. Who services? _____
7. Please describe or attach the access, supervision, hours of operation, age limitations, policies or procedures at the fitness facility and/or spa:

Lodging and Employee Housing:

1. Does the club own any single-family housing? _____
 - a. Who lives there? _____
 - b. Is there a housing agreement in place? _____
 - c. Does the club require tenants to purchase renters insurance? _____
2. Does the club offer employees dormitory style housing? _____
 - a. How many rooms are available? _____
 - b. What areas have sprinklers? _____
 - c. Equipped with hard-wired smoke detectors? _____
 - d. Two forms of egress per floor? _____
 - e. Are cooking facilities available? _____
 - f. Are tenants allowed to smoke? _____
 - g. Are tenants allowed alcohol? _____
 - h. Does the club allow hot plates? _____
 - i. Are tenants allowed guests? _____
 - j. Access via key or electronic key? _____
 - k. Is there a housing agreement in place with tenants? _____
3. Are there any guest rooms in the clubhouse? _____
 - a. How many rooms? _____
 - b. Available for member use only? _____
4. Any guest cottages or lodges on the grounds? _____
 - a. How many lodges? _____
 - b. Available for member use only? _____
5. Please describe all policies and procedures in place regarding the housing and lodging to ensure the safety of the tenants and/or guests:

Other Amenities and Operations:

1. Does the club offer any of the following amenities (check off all that apply):

- a. Day care/babysitting _____
- b. Marina/yacht _____
- c. Jet skis _____
- d. Water skiing _____
- e. Equestrian _____
- f. Hotel or lodging _____
- g. Ice skating/hockey _____
- h. Skiing _____
- i. Skeet/trap shooting _____
- j. Hunting or fishing _____
- k. HOA's _____
- l. Other (please describe):

2. Does the club use third-party contractors for any amenity offered at the club? _____

3. Does the club snow plow its own parking lots? _____

a. Does the club plow for any third parties? _____

4. Does the club have AED's? _____

a. Where are they located? _____

5. Does the club require employees to be certified in first aid? _____

6. Does the club offer employees formal training/orientation? _____

7. Does the club offer its employees continuing education? _____

Hired and Non-owned Auto:

Describe the nature of operations and the use of any hired or non-owned autos:

Provide a count of the individuals who may use their personal vehicles in support of your operations:			
# FULL-TIME EMPLOYEES	# PART-TIME EMPLOYEES	# VOLUNTEERS	# INDEPENDENT CONTRACTORS

GENERAL INFORMATION

1. Indicate whether you run motor vehicle report checks on each of these classes:
Employees On Hiring Annually Randomly Never
 Participate in Pull Program that continually monitors MVRs
.....
Volunteers On 1st Engagement Annually Randomly Never
 Participate in Pull Program that continually monitors MVRs
.....
Independent Contractors On 1st Engagement Annually Randomly Never
 Participate in Pull Program that continually monitors MVRs
.....
2. Do you require all employees who use their own vehicles for company use to carry their own personal insurance *and* present proof of such auto insurance to you at least annually?
Yes No
3. Do you allow employees, volunteers, or independent contractors to operate client vehicles?
Yes No
4. What is the total amount expensed in the previous fiscal year, as reported to the I.R.S., for employee mileage reimbursement?
5. What is your total annual cost for hired auto services? (*Autos leased, rented, or borrowed*)

Current Coverage:

<u>Line Of Business</u>	<u>Effective Date</u>	<u>Carrier</u>	<u>Premium</u>
Package	_____	_____	_____
Auto	_____	_____	_____
Umbrella	_____	_____	_____
Workers Compensation	_____	_____	_____
Management Liability (D&O/EPL)	_____	_____	_____
Storage Tank/Pollution	_____	_____	_____
Cyber	_____	_____	_____
Other:_____	_____	_____	_____
Other:_____	_____	_____	_____
Other:_____	_____	_____	_____

The following information is required with all submissions:

1. Signed Statement of Values (needs to include):
 - a. All building and property values
 - b. Construction of buildings
 - c. Square footage of clubhouse
 - d. Business Income Limit
2. Maintenance Equipment Schedule (needs to include)
 - a. Value of all mobile equipment
 - b. Value of golf carts
3. Five (5) years of loss runs for applicable lines of business being quoted
4. Financial statement
5. Schedule of owned vehicles
6. Schedule of drivers (driver license numbers to be included)
7. All relevant licenses, certificates, policies and procedures referenced above

Litigation and "Claim" Information

1. Within the last 5 years, has the "Insured Organization" or any of the "Insured Individual" received any written demands for monetary or non-monetary relief, been involved in, or had any knowledge of any civil or criminal action, administrative or arbitration proceeding, including both domestic or foreign equivalents, involving:

- (a) Any intellectual property disputes, including Copyright, Patent or Trademark Laws? Yes No
- (b) Any alleged violation of any Federal or State Security Law or Regulation? Yes No
- (c) Any alleged violation of any Federal or State Anti-Trust or Fair Trade Law? Yes No
- (d) Any other allegations of violations of federal, state or local statute, regulation, ordinance or common law that would otherwise be within the scope of this proposed insurance? Yes No

2. Within the last 5 years, has any "Insured" known of, or been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies and/or in any of the following forums, including both domestic or foreign equivalents?

- (a) National Labor Relations Board? Yes No
- (b) Equal Employment Opportunity Commission? Yes No
- (c) Office of Federal Contract Compliance Programs? Yes No
- (d) U.S. Department of Labor? Yes No
- (e) Any state or local government agency such as the Labor Department or fair employment agency? Yes No
- (f) U.S. District or state court? Yes No

3. Within the last 5 years, has any current or former "Employee" or Third Party made any "Claim", or otherwise alleged discrimination, harassment, wrongful discharge and/or "Wrongful Acts" against any "Insured"? Yes No

A "Claim" is not limited to the filing of a lawsuit or complaint with the Equal Employment Opportunity Commission or similar state or local agency. A "Claim" may also include a written demand by any current or former "Employee" seeking relief in connection with an employment-related dispute or grievance.

4. Is any "Insured" aware of any fact, circumstance or situation involving any "Insureds" that might reasonably be expected to result in a "Claim" as defined in the coverage applied for? Yes No

IF Yes IS INDICATED TO ANY PART OF QUESTIONS 1., 2., 3., OR 4., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

- (a) Date "Claim" first made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve amount (g) Attorney's fees

THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY "CLAIM" MADE AGAINST ANY INSURED BASED UPON , ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 1., 2., 3., 4.

APPLICANT FRAUD WARNINGS

NOTICE TO ARKANSAS 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 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 DISTRICT OF COLUMBIA APPLICANTS: 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.

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 KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by 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.

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 MAINE 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 may include imprisonment, fines, or denial of insurance benefits.

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 MEXICO 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 CIVIL FINES AND CRIMINAL 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 PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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: _____