Signature Golf Application Form

General Information

Golf Club Name:	
Mailing Address:	
Risk Location: (☐ as above)	
Contact:	Title:
Website:	Policy Renewal Date:

1. Has the Management or Ownership changed in the last 12 months? No

   If Yes, please explain:

2. Does the Club follow Industry Risk Management Best Practices? No

3. Is your Club Audubon ACSP Certified? No

Operations

Membership Type:	Private	**Activities Offered:**	
Open Year Round:	No	**Number of Holes:**	More than 36 Holes

1. Are there any other Services or Activities offered that have not been described above? No

   If Yes, please describe:

2. Does a Club Employee visit the premises daily during the Off Season No

3. Do you own Vacant Land or other Property whereby insurance should be extended? No

   If Yes, please describe:

4. What changes in Operations or Construction do you anticipate over the next 12 months:

5. Hours of Operation

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Signature Golf Property Schedule

Building Name	Size (sq. ft)	Value	Contents & Equipment	Stock Value	Total Limit
Clubhouse		$	$	$	$0
Golf Pro Shop Building		$	$	$	$0
Greenskeeper Building		$	$	$	$0
Maintenance Building		$	$	$	$0
Cart Storage Building		$	$	$	$0
Pump House Building		$	$	$	$0
Driving Range Building		$	$	$	$0
Shelters / Washrooms		$	$	$	$0
Irrigation System (incl. sprinkler heads)	N/A	$	N/A	N/A	$0
Protective Netting & Poles	N/A	$	N/A	N/A	$0
Bridges & Retaining Walls	N/A	$	N/A	N/A	$0
Signs (Free Standing)	N/A	$	N/A	N/A	$0
Electronic Data Process-ing Equipment	N/A	$	N/A	N/A	$0
Other:		$	$	$	$0
SUB TOTAL 1		$0	$0	$0	$0

Listing of Required Property Limits	Limit
Golf Car Fleet	$
Greenskeeping Machinery	$
Other (Machinery):	$
Personal Effects of Club Members	$
Personal Effects of Club Employees	$
Golf Related Property	$
Damage to Greens and Fairways	$
Other (Property):	$
SUB TOTAL 2	$0
SUB TOTAL 1	$0
GRAND TOTAL	$0

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Signature Golf Structural Detail Form

(Required for the Club House building only)

Golf Club Name:

1. Year Built: Renovated? No If Yes, describe:

2. Construction of Walls: Frame 3. Exterior Finish: None

4. Winterized: No

5. Roof: Style: Unknown Construction: Frame

Covering: Unknown Age: years

6. Electrical: Fused 7. Heating: Forced Air

8. Plumbing Age: years Last Update:

9. Distance to nearest Fire Hydrant: ft. Municipal: No

10. Distance to Private Fire Hydrant: ft.

11. Distance to nearest Fire Station: miles.

12. Sprinkler System: None If Partial: % Centrally Monitored? No

13. Fire Protection System: ☐ Smoke Detectors ☐ Heat Detectors ☐ Centrally Monitored? No

14. Burglar Alarm System: No Centrally Monitored? No

15. Alarm Monitoring Company Name:

16. Is there a deep fat fryer in this building? No

If Yes, is there: Automatic wet fire suppression for each deep fat fryer? No

Semi-annual maintenance contract for each unit? No

A Class K portable extinguisher as back-up? No

Maintenance Building

Construction: Frame Roof: Unknown Alarmed: No Centrally Monitored: No

Storage/Other Buildings - Note: All Soft Top Buildings Must Be Clearly Identified

Construction: No Other Buildings Roof: Unknown Alarmed: No Centrally Monitored: No

Construction: No Other Buildings Roof: Unknown Alarmed: No Centrally Monitored: No

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Signature Golf Liability Form

Golf Club Name:

1. Name the Club Liquor License is in:
2. Have you ever had your Liquor License suspended or cancelled? No
3. Have you ever been cited for any liquor violations? No
4. Does the Club have a Liquor Service Policy? No
5. Is the Liquor Service Policy posted so that it can be viewed by all Members and Guests? No
6. Are all Servers certified (TIPS, ABCA, etc)? No
7. Is there a Manager or Assistant Manager on staff at all times in addition to liquor Servers? No
8. Do Servers attempt to determine if patrons will be driving after leaving the Club? No
9. Is a Designated Driver Program in use and promoted by Servers? No
10. Is Taxi Service available at your Club? No
11. Are any of the Operations involving Liquor or Food contracted out? No
12. Do all Event Sponsors sign Written Contracts including Indemnity and Waiver clauses? No
13. Does the Club require all Independent Contractors to carry Liability Insurance? No
14. Are Club Members and Guests required to sign Waivers to play golf? No
15. Are the Club Rules and Code of Conduct signs posted? No
16. Does the Club offer Valet Parking? No
17. Does the Club transport Members or Guests? No
18. Does the Club provide any off-site Grounds Keeping Services such as Snow Removal? No
19. Does the Club have Fuel Storage Tanks? No If Yes, please complete the chart below.
20. Are there any Septic Tanks on the Property? No
21. Are there any Wells used for Potable Water? No
22. Are Pesticides and/or Fertilizers stored at the Club? No If Yes, provide details of storage.
23. Is the Pesticide applicator licensed? No
24. Is an Integrated Pest Management system in use? No If Yes, please provide details.

	Above Ground or Below Grade	Steel or Fiber-glass	Product Stored	Capacity (Gallons)	Year In-stalled	Double Lined	Vehicle Impact Barriers	Dyke for Spill Containment
1	Above	Steel				No	No	No
2	Above	Steel				No	No	No
3	Above	Steel				No	No	No

All Underground Storage Tanks Are Excluded. For Coverage Please Inquire Separately.

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Signature Golf Club Revenues

Revenues - Annual Gross Revenues (please estimate the split).

Average number of Daily Rounds:

Membership Dues	$	
Green Fees & Driving Range	$	
Golf Car Rentals	$	
Food Services	$	
Liquor Revenue	$	
Pro Shop Revenue	$	
Banquet/Wedding Rentals	$	
Curling Club	$	
Other (Revenues):	$	
Total Revenues	$	0

Claims History - Please describe ANY and ALL claims or legal actions that you have had within the last five years.

☐ At the time of signing this application there have been no reported losses in the last 5 years.

☐ At the time of signing this application there are no known losses or circumstances which may give rise to a claim.

1. Date: Type:

Reserve: $ Amount Paid: $

Description:

2. Date: Type:

Reserve: $ Amount Paid: $

Description:

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Loss Prevention Measures:

Declarations.

1. The information in this application is true and correct and I/w have not withheld any relevant information.
2. I/we understand that any statement made in this application will be treated as a statement made by all of the people to be insured.

Name of Applicant:		Position:	
Signature of Applicant:		Date:	

Please submit the completed form to Signature Specialty, LP at:

applications@sigspecialty.com

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