



COUNTRY CLUB SUPPLEMENTAL APPLICATION
COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

| | |
|---|----------------|
| Named Insured: | |
| Brokerage/Broker: | Agency/Agent: |
| Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> | Policy Number: |
| Effective Date: | |
| Website: | |

2) Current Carrier Information:

| |
|--|
| Carrier: |
| Limit of Insurance: |
| Deductible: |
| Premium: |
| Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/> Retroactive date: |

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) Applicant's brochure or marketing materials if a website is not available
- c) List of equipment available for client use and golf course maps

3) What amenities are available at your club? Check all that apply:

- Golf Course
- Driving Range
- Putting Green
- Tennis Court
- Gym Facility
- Swimming Pool
- Bowling Alley
- Virtual Sports
- Childcare Facilities
- Restaurant/Lounge - No Alcoholic Beverages
- Restaurant/Lounge - Including Alcoholic Beverages or Bottle Service
- Private Event Hosting/Weddings
- Valet Parking or Car Wash Services
- Personal Training, Golf Instruction, Fitness Classes, or other Instruction

For Shooting Ranges please complete the Kinsale Shooting Range Supplemental Application

4) What are your projected receipts for the coming year? \$ _____

5) How many members do you currently have? _____

a. How many guest passes do members have annually? _____

b. Approximately how many trial memberships or additional guest passes do you issue annually? _____

- 6) Are you subject to any state or local licensing or regulation? Yes No
- a. If yes, list regulations/licenses:
-
- 7) How many years have you been in operation? _____
- 8) Do you run criminal background checks on all employees? Yes No
- a. Are past convictions for violent crimes, offenses involving minor children, or sexual misconduct exclusionary criteria for hiring? Yes No
- b. What is the minimum age for employment? _____
- 9) Does your operation have any age restrictions for facility use? Yes No
- a. If yes, what age? _____
- 10) Is one or more staff members with CPR and First Aid certification on premise at all times? Yes No
- 11) Are all participants required to sign a waiver absolving you of all liability for bodily injury? Yes No
- 12) Do you keep a written log of accident and incidents? Yes No
- a. How long are these records maintained? _____
- 13) Is membership to your facility by invitation or sponsorship only? Yes No
- a. Is your facility considered to be part of a private club? Yes No
- b. Is membership limited to legacy (prior familial membership), gender, ancestry or descendance (eg Mayflower Society), or religious fellowship? Yes No
- c. If yes to b, are member guests subject to the same requirements? Yes No
- 14) Are club members required to sign a contract of service for a minimum amount of time? Yes No
- a. How long is the contract? _____

FACILITY DETAILS

- 15) If you have any pools at your club, please complete the following:
- a. If you have any pools, are lifeguards on duty at all times when the pool is open? Yes No
- b. If you have outdoor pools, how are pools secured when they are closed?
-
- c. What is the maximum pool depth? _____
- d. How frequently is water pH checked? _____
- e. What type(s) of water sanitation is used? _____
- f. Is all applicable pool and spa equipment Virginia Graeme Baker Pool and Spa Safety Act compliant? Yes No
- g. Please provide copies of all warning signage posted around pool areas.
- 16) Do you offer any of the following spa services (check all that apply):
- | | | |
|---|---|--|
| <input type="checkbox"/> Massage | <input type="checkbox"/> Hair Stylists/Salon Services | <input type="checkbox"/> Manicure/Pedicure |
| <input type="checkbox"/> Aesthetician/Beautician Services | <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Barber Services/Shaving |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ |
- a. If yes, are services performed by licensed employees or contractors? Yes No
- b. If services are performed by a contractor, are they required to carry liability coverage? Yes No

- 17) Do you have a locker room or showers available for client use? Yes No
- a. If yes, are locker rooms separated by gender? Yes No
- b. Do you have a family locker room? Yes No
- c. Is an employee of each gender on duty during all times where locker rooms or showers may be in use? Yes No
- d. How frequently are locker rooms sanitized? _____
- e. Does locker room signage indicate that you are not responsible for theft of or damage to personal property? Yes No
- f. Do all showers and shower-adjacent areas have nonslip flooring or mats in place? Yes No
- 18) If you have employee personal training services, are trainers certified by an independent third party sport sciences/sport medicine organization? Yes No
- 19) Do you provide golf carts for member and guest use? Yes No
- a. If yes, are carts driven by members? Yes No
- b. If no to a., who is driving them? _____
- c. If yes to a., do you permit the driver to consume alcohol during play? Yes No
- d. Are drivers required to be over the age of 16 with a valid driver's license? Yes No
- e. What is the maximum speed of the golf carts? _____
- f. Who is responsible for golf cart maintenance and repair? _____
- g. How frequently are golf carts inspected? _____
- 20) If you have valet or car washing services, please complete the following:
- a. Do you have a commercial auto or garage policy in place for these operations? Yes No
- b. How far are employees or contractors permitted to drive client vehicles? _____
- c. Where are vehicle keys stored and how are they secured?
- d. How is vehicle wash wastewater handled?
- e. Do you have an environmental liability policy in place for any car washing operations? Yes No
- 21) Do you allow smoking at your club? Yes No
- a. If yes, is this permitted only in designates areas? Yes No
- b. Do you have a cigar lounge? Yes No

RESTAURANT AND LOUNGE DETAILS

- 22) What was your grade on your last restaurant inspection? _____
- a. Have you ever failed an inspection? Yes No
- 23) Do you have on-course beverage service? Yes No
- 24) Are club members and guests permitted to bring their own alcoholic beverages on site (BYOB)? Yes No
- a. If yes, do you charge a bottle fee or otherwise monitor the alcohol consumed? Yes No

25) Has your liquor license ever been suspended or contested, or have you ever been issued an alcohol-related citation? Yes No

a. If yes, why?

b. How long were you barred from serving? _____

c. What procedural changes were made following this issue?

26) Are employees involved in serving or preparing alcoholic beverages required to complete the National Restaurant Association's ServSafe alcohol program? Yes No

27) Do you offer any paid cab, black car service, or ride home/vehicle drop-off for over-intoxicated members or guests? Yes No

PRIVATE EVENTS/WEDDINGS *Complete only if your club hosts private events or weddings*

28) Do you require event clients to use your serving and bar staff? Yes No

a. If yes, are staff encouraged to enforce normal local serving laws governing underage drinking and DUI/DWI prevention? Yes No

29) Are you subject to a legally mandated "cut-off" time? Yes No

a. If yes, do you require event clients to acknowledge this cut-off time in writing at the time of booking? Yes No

b. What time are you required to cease services? _____

30) Do you provide any event security services? Yes No

a. If yes, are security guards employees? Yes No

b. If no to a., are subcontracted guards required to provide proof of liability insurance? Yes No

31) Do you have an approved vendor list for any services (photography, catering, flowers, etc.)? Yes No

a. If yes, what services? _____

b. Are approved vendors required to provide proof of liability insurance? Yes No

32) What is your maximum event capacity? _____

33) What is your average event capacity? _____

34) Do you host any events involving cannabis? Yes No

ACCOUNT HISTORY

35) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If Yes, please attach and explanation. Yes No

36) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please attach an explanation. Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for 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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: 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.

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 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: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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 a 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: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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.

NOTICE TO TENNESSEE 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 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____