



Golf Course Supplemental Questionnaire

APPLICANT INFORMATION

NAMED INSURED

SOCIAL SECURITY #

FEIN

WEB ADDRESS

UNDERWRITING QUESTIONS

- Type of course: Public Semi-Private Private
- Number of holes on golf course: _____
- Is there a PGA professional on staff?..... YES NO
If yes, employee or independent contractor
- Amenities other than golf related activites courses provides (i.e. pool, spa, day camp, miniature golf, banquet area, etc.)

- Estimated gross annual receipts for:

| | Last year's receipts | Current year estimated annual receipts | Next year estimated annual receipts |
|---|----------------------|--|-------------------------------------|
| Membership dues/initiation dues | | | |
| All other fees (greens, golf carts, etc.) | | | |
| Golf shop sales if owned by course | | | |
| Snack bar/restaurant (other than liquor) | | | |
| Liquor | | | |

GROUNDSKEEPING QUESTIONS

- Are all the employees who apply pesticides and other herbicides licensed by the state? YES NO
- Is the course sprayed when not in use? ... YES NO
- Is there a leak/spill containment area where chemicals are stored? YES NO
- Are chemicals stored in a locked and secured area? YES NO
- Any restricted use chemicals used? YES NO
If yes, are they properly marked? YES NO
- Are material safety damage sheets (MSDS) used? YES NO
- Is there an eye wash facility or shower available for emergencies? YES NO
- Are there underground storage tanks for chemicals or gasoline? YES NO
- Where is maintenance equipment stored?

GOLF CART STORAGE QUESTIONS

1. Are golf carts stored in locked buildings? YES NO
2. Do you have grounding of electrical cart charging equipment? YES NO
3. Is there adequate ventilation in storage building? YES NO
4. Is there a maintenance schedule for owned golf carts of the course? YES NO
5. What percentage of the golf carts are:
Owned _____% Leased _____%
6. What percentage of powered golf carts are:
Gas _____% Electric _____%
7. How are golf carts of members stored, if allowed?

8. Is there separate storage of golf carts away from the clubhouse? YES NO
9. Does insured have a signed rental agreement to rent a golf cart? (if so, attach copy.)..... YES NO
10. Are safety procedures and instruction given for golf cart use? YES NO

SNACKBAR/RESTAURANT QUESTIONS

1. Hours of operation?
a. Weekdays _____
b. Weekends _____
2. Are hood/ducts, grills and all fryers protected by a wet automated extinguishing system? YES NO
Date of installation? _____
3. Is there an automatic fuel shutoff on the wet extinguishing system? YES NO
4. Is the extinguishing system UL 300 compliant? YES NO
5. How often does a professional firm clean the ductwork?

Date of last service? _____

LIQUOR EXPOSURE QUESTIONS

1. Does the insured carry an active liquor license? YES NO
2. Has the liquor license ever been suspended or revoked? YES NO
If yes, please explain.

3. During what hours is liquor served?
a. Weekdays _____
b. Weekends _____
4. Describe employee training relating to detecting under age patrons and recognizing and handling intoxicated patrons.

LIMITS REQUIRED QUESTIONS

For rating purposes, please provide the following limit required by the insured.

| | Example of items to included | Coverage Limit Needed |
|------------------------------|---|-----------------------|
| Golf course limit | Tees, greens, fairways, sand traps | |
| Golf course property limit | In-ground sprinkler system, permanently installed drying fans, cups, flags, flag sticks, ball washers, benches, water coolers, signs, markers and retaining walls at tees | |
| Driving range property limit | Mats, tees, dividers, ball baskets, bag racks, yard markers, ball washing equipment, mobile equipment used to retrieve golf balls, nets and their supporting poles | |
| Golf carts | Owned or in care, custody, control. Also include beverage carts, utility carts designed for grounds keeping work and electronic range finding devices attached to carts | |

N.J. Law P.L. 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

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. The information in this application is correct to the best of my knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

 Owner or Officer's Name

 Agent's Name

 Title

 Agent's Signature

 Date

 Owner or Officer's Signature

 Date

 Expiring policy number, if applicable