

QUESTIONNAIRE – GOLF COURSE

Please answer all questions fully. Submit this Questionnaire with a completed ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Proposed Named Insured: _____ Policy Number: _____

Named insured's Social Security Number: (if Corporation: Name, title and Social Security number of officers and principal stockholders: _____)

1. Golf gross receipts:

Green fees	\$	_____
Membership fees	\$	_____
Locker fees	\$	_____
Pro shop	\$	_____
Golf club rental	\$	_____
Golf cart rental	\$	_____
Driving range receipts	\$	_____
Cross country skiing	\$	_____
Miscellaneous (explain)	\$	_____

2. Food sales gross receipts:

Food gross sales	\$	_____
Beverage gross sales	\$	_____
Banquet gross sales	\$	_____
Beer/wine/liquor gross sales	\$	_____
TOTAL OF 1 AND 2:	\$	_____

(Restaurant questionnaire required for restaurant exposures.)

3. Do you have any outstanding tax liens? Yes No
 (ie: property, sales, wage withholding, bankruptcy)
 If yes, explain: _____

4. Apartment:: Number of units: _____

5. Are tenants required to have liability insurance? Yes No

6. Dwellings: Number of units: _____



7. Swimming Pools: Yes #___ No
 (Risks with diving boards, water slides or other water recreational equipment not acceptable)
- Lifeguard: Yes No
 Fence: If yes, height: _____ Yes No
 Swim teams: Yes No
8. Tennis courts: Yes #___ No
9. Volleyball courts: Yes #___ No
10. Horseshoe pits: Yes #___ No
11. Months of operation: _____
12. Describe special events: _____
 Gross receipts: \$_____
13. Explain off-season operations: _____

14. Is coverage desired for greens, bridges, culverts? Yes No
 If yes, refer to underwriting guide.

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature Title Date

Producer Signature Date

Producer Name and Address



CHECKLISTS

- Financial statement
- Acord application
- Equipment schedule (owned or leased)
 - Golf carts
 - Ground maintenance
- Claim history
- Restaurant/tavern questionnaire