

**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