

FAIRWAY UNDERWRITERS, Inc

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The CLUB CHAMPION® SUPPLEMENTAL APPLICATION **ACORDS Plus 3 YEARS (HARD COPY) LOSS RUNS MUST BE SUBMITTED**

1. Named Insured (s): _____
2. Contact for L/C Inspection: _____ Phone # _____ Email _____
3. Policy Period _____ to _____
4. Are you presently insuring this risk? Yes No
5. Is Course? Public (Daily Fee) Semi-private Private Municipal Resort
6. # of 9 hole rounds played annually _____
7. # of 18 hole rounds played annually _____
8. For coastal states, distance to seacoast (miles): _____
9. Number of fire hydrants at premises? _____

KITCHEN AREA

1. Snack bar or restaurant on premises? Yes No
2. Operated by? Insured Concession
3. If deep fat frying or grilling is done, is fire suppression system UL300 compliant? Yes No
4. Annual sales from Snack Bar/Restaurant.....\$ _____

ALCOHOLIC BEVERAGE (If requesting Liquor Law Liability complete this section)

1. Does insured sell/serve alcohol? Yes No
2. Operated by? Insured Concession
3. Do bartenders and/or wait staff participate in alcohol service training programs (TIPS, etc)? Yes No
4. Dance floor on premises? Yes No
5. Live entertainment? Yes Type? _____
6. Annual sales of Liquor/Beer/Wine.....\$ _____

GOLF CART EXPOSURE

1. Explain security for carts to prevent theft and/or vandalism after hours: _____
2. Does insured require a "hold harmless" agreement be signed for all persons leasing a golf cart? Yes No
If yes, attach a copy of the agreement.

SWIMMING POOL

1. Number of swimming pool(s) on premises? _____
2. Is the pool open to the public _____ members only _____ public and members _____
3. Pool depth range _____ feet to _____ feet.
4. Is depth properly marked? Yes No

- 5. Pool fully fenced? Yes No
- 6. Self-closing/Self-Latching Gates? Yes No
- 7. Number of Life Guard(s) on Duty? _____
- 8. Hours on Duty? From To
- 9. Is floatation rope installed? Yes No
- 10. Walkways and decks coated with slip resistant material? Yes No
- 11. Are there any diving boards or slides? Yes No
- 12. Are pool rules posted? Yes No
- 13. Is life saving equipment present and visible? Yes No
- 14. If necessary are anti-vortex drain covers installed? Yes No N/A
- 15. Are handrails installed on steps and/or ladders? Yes No
- 16. Are GFCI breakers/outlets installed? Yes No

ADDITIONAL INFORMATION

1. Explain any non-golf activities conducted at premises (excluding tennis and swimming): _____

IF THE FOLLOWING COVERAGE IS BEING REQUESTED PLEASE COMPLETE:

- 1. Stop Gap Liability Total Payroll \$ _____
- 2. Non-owned & Hired Automobile: Limit: _____ Hired Auto: _____ # of employees: _____

REVENUES (following must be completed for all submissions

Please provide the gross (annual) receipts from the golf course business arising out of the following:

A. Greens fees (public/semi private courses).....	\$ _____
B. Initiation Fees	\$ _____
C. Membership fees.....	\$ _____
D. Guest greens fees (private courses).....	\$ _____
E. Cart rentals	\$ _____
F. Pro shop sales (clubs, clothing, balls, etc).....	\$ _____
G. Snack bar.....	\$ _____
H. Restaurant.....	\$ _____
I. Liquor/Beer/Wine.....	\$ _____
J. Driving range receipts.....	\$ _____
K. Private function receipts (ie. Weddings).....	\$ _____
*L. Other misc receipts(explain on reverse side)	\$ _____
Total Annual Gross Receipts	\$ _____

COMMENTS SECTION

Notice to applicants: any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. Completion of this application is not an order for insurance coverage.

_____/_____/_____
Broker's Name Date Phone/Email Agency Name