



Travelers Golf Shop & Driving Range Program Application

| | | |
|---------------|------------------------|--|
| Agent/Broker: | Travelers Agency Code: | |
| Address: | | |
| Contact Name: | Telephone Number: | |
| Email: | Fax Number: | |

| | | |
|--|-----|--------------------|
| Applicant Name: | | |
| First Named Insured: | | |
| Mailing Address: | | |
| | | |
| Physical Address if different: | | |
| | | |
| Policy Period: | | |
| From: | To: | Years in Business: |
| If new in business, provide a narrative of management experience relative to golf shop and range operations. | | |
| Contact Name: | | |
| Telephone Number: | | |
| Website Address: | | |

Loss History *(past 3 years)*

| Current Carrier: | | Expiring Premium: \$ | |
|------------------|---------------------|----------------------|-----------------------------------|
| Date of Loss | Description of Loss | Amount Paid | Action taken to avoid future loss |
| | | | |
| | | | |
| | | | |

General Questions

| | | |
|--|-----|----|
| 1. Total annual gross receipts (sales) for your entire operation? | | |
| | Yes | No |
| 2. Do employees use personal vehicles during the course of business? | | |
| a. If yes, do you request verification of primary auto coverage? | | |
| 3. Do you subcontract work to others? | | |
| a. If yes, do you maintain Certificates of Insurance from subcontractors? | | |
| b. Do you require the subcontractor's carrier to add you as an additional insured? | | |
| 4. Do your operations include a golf driving range? | | |
| a. If yes, are youthful operators permitted without parental/adult supervision? | | |
| b. Are there dividers between teeing stations? | | |
| c. How high are the dividers? _____ feet | | |
| d. Any two-tier/above-ground range operations? | | |
| 5. Do you rent your location for indoor or outdoor special events? | | |
| a. If yes, please describe event types: | | |

Restaurant/Snack Bar Operations

| | Yes | No |
|--|-----|----|
| 1. Do your operations include a restaurant or snack bar/concession? (If yes, complete additional questions.) | | |
| 2. Is the restaurant or snack bar operation contracted to others? | | |
| 3. Do you provide table service? If so, How many tables? _____ Seating capacity for how many customers? _____ | | |
| 4. What type of fire extinguishing system is installed over cooking equipment? _____ | | |
| 5. Do you have deep fat fryers? | | |
| 6. Do you have portable fire extinguishers? If so, are extinguishers serviced yearly? | | |
| 7. Is there a regular schedule for cleaning hoods, ducts and filters? | | |
| 8. What type of food do you serve? _____ | | |

Liquor Liability (If yes, complete additional questions.)

| | Yes | No |
|--|-----|----|
| 1. Do you serve or sell liquor? (If yes, complete additional questions.) | | |
| 2. Do you hold the appropriate license to sell and serve liquor in your state? | | |
| 3. What hours is liquor served? | | |
| 4. Has your license ever been revoked or suspended? | | |
| 5. Have any citations been issued for law violations? | | |
| 6. Are bartenders and servers required to participate in an alcohol awareness program? | | |
| 7. If yes, how often: yearly semi-annually | | |
| 8. When patrons are refused to be served, is the incident documented? | | |
| 9. Do you stop serving food earlier than when you stop serving alcohol? | | |
| 10. Do you allow customers to bring liquor on premises to consume? | | |

Miniature Golf Operations

| | Yes | No |
|--|-----|----|
| 1. Do your operations include miniature golf? (If yes, please complete additional questions.) | | |
| 2. Do you have any water features including ponds? If so, what is the maximum depth of all ponds? _____ feet _____ inches | | |
| 3. Are minors permitted on the course without parental/adult supervision? | | |
| 4. Are rules and warning signs clearly posted? | | |
| 5. Are walking surfaces paved and regularly cleared of debris? | | |
| 6. Does the course have outdoor carpeting? | | |

Golf Cart Operations (See optional property coverage to select physical damage for golf carts.)

| | Yes | No |
|---|-----|----|
| 1. Do you rent golf carts? (If yes, complete additional questions.) | | |
| 2. Total number of carts: _____ # owned: _____ # leased _____ | | |
| 3. Are the golf carts stored in a separate building? | | |
| 4. How are the golf carts powered? Gas Electric | | |
| 5. Is there a ventilation system in place? | | |
| 6. Is there a no smoking policy in place? | | |
| 7. Who is responsible for the maintenance of the golf carts? _____ | | |
| 8. Are youthful operators permitted to operate carts (under the age of 18)? | | |
| 9. Are the carts locked up at night? | | |
| 10. Are keys removed and stored in a secured key box? | | |
| 11. Are golf cart usage rules clearly posted on score cards? | | |
| 12. Are golf cart paths clearly marked and easily accessible? | | |
| 13. Does the club provide liability coverage for the golf carts? | | |

Golf Camps and/or Clinic Operations

| | Yes | No |
|--|-----|----|
| 1. Do you offer any camps, clinics or lessons? (If yes, please complete additional questions.) | | |
| 2. Does the instructor have a PGA professional endorsement? | | |
| 3. Do you offer overnight stays? | | |
| 4. Any instruction provided off premises? | | |
| 5. Any instruction for activities other than golf? If yes, please explain: _____ | | |
| 6. Do students or parents sign a waiver or release of liability? | | |
| 7. Dates of camps or clinics: _____ | | |
| 8. Total number of camps or clinics annually: _____ | | |
| 9. Total number of campers or student participants in camps or clinics annually: _____ | | |
| 10. Average number of campers/student participants per class by age: age 9 and under: _____ age 10 – 14: _____ age 15 and older: _____ Total number of classes: _____ Instructor-to-participant ratio per class: _____ to _____ | | |

Netting and Outdoor Lighting

| | | Yes | No |
|--|--|---|----|
| 1. Are you requesting coverage for netting and/or outdoor lighting? (If yes, please complete additional questions.) | | | |
| 2. What is the age of netting? _____ When was netting originally installed? _____ | | | |
| 3. Any repairs or replacement of netting sections in the prior year? | | | |
| If yes, please describe repair/replacement and reason: | | | |
| 4. Any damage from snow, ice, wind or hail in the last three years to netting or lighting? | | | |
| 5. What is the overall height _____ and length _____ of the netting? Total square feet of netting: _____ | | | |
| 6. What is the age of lighting? _____ | | When was lighting originally installed? _____ | |

Premises/Location descriptions *Attach additional schedule if locations more than three.*

| Bldg # | Physical address (if different from mailing) | Sprinklered | | Construction type | Protection class | Year built* Age | Alarm type |
|--------|---|-------------|----|-------------------|------------------|--------------------|------------|
| | | Yes | No | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |

*Note: If building is more than 25 years old, specify year of renovation:

| | | |
|---------|-----------|-------|
| Wiring: | Plumbing: | Roof: |
|---------|-----------|-------|

Buildings and miscellaneous property *at 100 percent replacement cost.*

| Replacement cost of each building on the premises, including all fixtures permanently attached to the building: | | | |
|---|-----------|----------------|-----------------------------|
| Bldg # | Occupancy | Square footage | Building limit of insurance |
| 1 | | | \$ |
| 2 | | | \$ |
| 3 | | | \$ |
| Tee platform or tee cover | | | \$ |
| Signs within 1,000 feet of the premises | | | \$ |
| Lighting systems including poles | | | \$ |
| Miniature golf structures | | | \$ |
| Total | | | \$ |

Personal property *at 100 percent replacement cost.*

| Replacement cost of business personal property (BPP), including stock in pro shop: | |
|--|------------------------|
| Bldg # | BPP Limit of insurance |
| 1 | \$ |
| 2 | \$ |
| 3 | \$ |
| Cooking equipment | \$ |
| Property of others left at the premises | \$ |
| Netting and/or lighting | \$ |
| Improvements and betterments (if you are a tenant) | \$ |
| Total | \$ |

Optional Property Coverages

Note: This program automatically includes *Power PacSM*, an endorsement, which increases some property limits and adds some property coverages on your package policy. Please contact your agent for details.

| | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| Golf shop/range endorsement (Includes various coverages specially designed for your operations.) | | | | | |
| Golf cart physical damage: Limit of Insurance \$ _____ (Please attach schedule.) | | | | | |
| Business income limit options | | | | | |
| Actual loss up to 12 consecutive months; or | | | | | |
| choose a maximum policy limit | \$100,000 | \$200,000 | \$300,000 | \$400,000 | \$500,000 |
| EDP (\$50,000 or BPP limit – whichever is lesser included). Specify if increased limit desired: \$ | | | | | |
| Employee dishonesty (\$25,000 included) | | | | | |
| Specify if increased limit desired: | \$ 50,000 | \$ 75,000 | \$100,000 | | |
| | \$150,000 | \$200,000 | \$250,000 | | |

| Employee dishonesty underwriting questions | Yes | No |
|--|-----|----|
| 1. Are all employees required to take an annual one-week vacation? | | |
| 2. Is a separation of duties procedure in place? | | |
| 3. Is countersignature of checks required? | | |

Property deductible

| |
|--|
| Minimum \$500 per loss. Increase to: \$1,000 \$2,500 |
| Mortgagee or loss payee endorsement |
| List names, addresses and relationships here: |
| |
| |
| |
| Building #. |
| Sign coverage (For signs more than 1,000 feet from building.) Limit: \$ |
| Valuable papers (\$25,000 limit included) Increase limit to \$ |
| Other (please specify) |
| Please provide diagram of range to show distances to the left, right and back of the range. Include height of any nets or fences and distances to any roads or buildings beyond the barriers. |

General Liability

| | |
|--|----------|
| Limits: \$1,000,000 per occurrence/\$2,000,000 aggregate | |
| Specify annual receipts for operations: | |
| Golf shop, including golf club repairs | \$ _____ |
| Golf range, including lessons | \$ _____ |
| Miniature golf | \$ _____ |
| Golf camps/clinics | \$ _____ |
| Video/arcade games | \$ _____ |
| Snack bar/ice cream | \$ _____ |
| Restaurant | \$ _____ |
| Liquor/beer/wine | \$ _____ |
| Par 3 (# of holes) | \$ _____ |
| Specify other receipts: | \$ _____ |
| Batting cages | \$ _____ |
| Total | \$ _____ |

Optional Liability Coverages

Note: This program automatically includes medical payments of \$5,000 per person and damage to premises rented to you for \$300,000. Please contact your agent for details.

Check additional coverages desired below and respond to questions:

Damage to premises rented to you increased limit. Specify limit needed: \$ _____

Hired and non-owned auto liability coverage

| Hired and non-owned auto liability coverage underwriting questions: | Yes | No |
|--|-----|----|
| 1. Are there owned vehicles titled in the business name? | | |
| 2. Are employees required to use their personal auto as a condition of employment? | | |
| 3. Do employees drive their own vehicle routinely on the company's behalf? | | |
| 4. If yes, how often do employees drive on company business: daily weekly monthly | | |
| How many employees drive their own auto on the company's behalf? _____ | | |

Additional insured(s): include all information for the entity and their interest, entity name, mailing address, insurable interest/relationship _____

Additional Coverage Lines Available

(Complete and attach applicable ACORD application for location state.)

Workers compensation business auto (other than hired/non-owned liability) umbrella

I understand that this application provides coverage highlights only and that I must read my policy/policies to determine full coverages and exclusions provided. I hereby declare that the statements made in this application are complete and true. I understand that the signing of this application does not bind the applicant for coverage through this Program.

Applicant's signature: _____

Date: _____

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 866.904.8348.

Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

Fraud Statement

Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.

ARKANSAS, NEW MEXICO, VERMONT AND WEST VIRGINIA: 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.

CALIFORNIA: Auto: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties. Other than Auto: The "All Other States" statement applies to lines of business other than auto.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, MINNESOTA AND WASHINGTON: 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.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

HAWAII: 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.

LOUISIANA: 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.

MAINE AND VIRGINIA: Same as Arkansas. In addition, penalties may include a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MASSACHUSETTS: Auto: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance. Other than Auto: 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 may subject the person to criminal and civil penalties.

Fraud Statement (continued)

NEW YORK: Auto: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation. For Other Lines of Business: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he 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.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: Other Than Auto: 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 the person to criminal and civil penalties. **Auto:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

UTAH: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

| | |
|--------------------------------|--------------|
| Signature of Applicant: | Date: |
|--------------------------------|--------------|

| | |
|----------------------------|---------------------------------|
| Producer Signature: | License Number: _____ |
|----------------------------|---------------------------------|