



TRAVELERS GOLF SHOP & DRIVING RANGE
PROGRAM APPLICATION

Agent/Broker:	Travelers Agency
	Code:
Address:	
Contact Name:	Telephone Number:
E-Mail	Fax Number:

Applicant Name/ _____
 First _____
 Named _____
 Insured: _____
 Mailing Address: _____
 Physical Address if different _____
 Policy From: _____ To: _____ Years in Business: _____
 Period: _____
 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:	Description of Loss	Expiring Premium Amount Paid	\$ Action taken to avoid future loss

GENERAL QUESTIONS

1. Total annual gross receipts (sales) for your entire operations?		
	Yes	No
2. Do employees use personal vehicles during the course of business?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, do you request verification of primary auto coverage?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you subcontract work to others?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, do you maintain Certificates of Insurance from sub-contractors?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you require the subcontractor's carrier to add you as an additional insured?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do your operations include a Golf Driving Range?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, are youthful operators permitted without parental/adult supervision?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there dividers between teeing stations?	<input type="checkbox"/>	<input type="checkbox"/>
c. How high are the dividers? _____ Feet		
d. Any 2-tier/above ground Range operations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you rent your location for indoor or outdoor special events?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, please describe event types:		
6. Do your operations include Golf Camps or Clinics?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is any property to be insured seasonally occupied?	<input type="checkbox"/>	<input type="checkbox"/>

a. If yes, please specify period not occupied: _____

8. Do your operations include a restaurant or snack bar/concession?

9. Do you serve alcohol?

10. Do you occupy 100% of the entire building?

If no, please comment on other occupants: _____

11. Do your operations include a Par 3 or pitch and putt?

If yes, How many holes: _____

12. Do your operations include any of the following?

<input type="checkbox"/> Miniature Golf	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Bungee Jump	<input type="checkbox"/> Fitness Center
<input type="checkbox"/> Carnival/ Kiddie Rides	<input type="checkbox"/> Fireworks Sale or Display	<input type="checkbox"/> Batting Cages	<input type="checkbox"/> Go Carts	<input type="checkbox"/> Bumper Boats

Operational Questions Yes No

1. Do you perform routine inspections of your property?

a. If yes, how often: Daily Weekly Monthly

b. Do you implement immediate corrective actions for any deficiencies?

c. Are corrective measures discussed with employees?

2. Are there security cameras on the property?

If yes, where are cameras located: _____

3. Does the Pro Shop have a central station alarm?

If yes, is it monitored by 3rd party or public service?

4. Are parking lots paved?

5. Are walkways and steps cleared of debris on a regular basis?

6. Is maintenance equipment (tractors, mowers, etc) locked up when stored at night?

7. Do you have routine safety talks with employees?

If yes, how often: Weekly Monthly

8. Comment on any additional safety measures or loss prevention programs in place. This will assist with accurately rating your account.

Attach pictures with application – interior and exterior of buildings and pertinent structures.

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 operations 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-Annual

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?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you allow customers to bring liquor on premises to consume?	<input type="checkbox"/>	<input type="checkbox"/>

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

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)	<input type="checkbox"/>	<input type="checkbox"/>
2. Total number of carts: _____ # Owned: _____ # Leased		
3. Are the golf carts stored in a separate building?	<input type="checkbox"/>	<input type="checkbox"/>
4. How are the golf carts powered? <input type="checkbox"/> Gas <input type="checkbox"/> Electric		
5. Is there a ventilation system in place?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a no smoking policy in place?	<input type="checkbox"/>	<input type="checkbox"/>
7. Who is responsible for the maintenance of the golf carts? _____		
8. Are youthful operators permitted to operate carts (under the age of 18)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the carts locked up at night?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are keys removed and stored in a secured key box?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are golf cart usage rules clearly posted on score cards?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are cart paths clearly marked and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the club provide liability coverage for the golf carts?	<input type="checkbox"/>	<input type="checkbox"/>

Golf Camps and/or Clinic Operations	Yes	No
1. Do you offer any camps, clinics or lessons? (If yes, please complete additional questions)	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the instructor have a PGA Professional endorsement?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you offer overnight stays?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any instructions provided off premises?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any instructions for activities other than golf? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Do students or parents sign a waiver or release of liability?	<input type="checkbox"/>	<input type="checkbox"/>
7. Dates of Camps or Clinics: _____		
8. Total number of camps or clinics annually: _____		
9. Total number of camper or student participants in camps or clinics annually: _____		
10. Average number of campers/students 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)	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>
4. Any damage from snow, ice, wind or hail in the last 3 years to netting or lighting?	<input type="checkbox"/>	<input type="checkbox"/>

5. What is the overall height _____ and length _____ of the netting? Total sq ft of netting: _____
6. What is the age of lighting? _____ When was lighting originally installed? _____

PREMISES/LOCATION DESCRIPTIONS Attach additional schedule if locations >3							
Bldg. No.	Physical Address (if different from mailing)	Sprinklered		Construction Type	Protection Class	Yr Built* Age	Alarm Type
		YES	NO				
1	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
2	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
3	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

***Note:** If building is over 25 years old, specify year of renovation:
 Wiring: _____ Plumbing: _____ Roof: _____

BUILDINGS AND MISCELLANEOUS PROPERTY @ 100% 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 @ 100% 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 & betterments (if you are a tenant)	\$ _____
TOTAL	\$ _____

OPTIONAL PROPERTY COVERAGES

Note: This Program automatically includes Power Pac, 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 max 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is a separation of duties procedure in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is countersignature of checks required? | <input type="checkbox"/> | <input type="checkbox"/> |

Property deductible - Minimum \$500 per loss. Increase to: \$1,000 \$2,500

- Mortgagee or Loss Payee Endorsement
 - List names, addresses, and relationships here: _____
 - Building No. _____
- Sign Coverage (For signs more than 1,000' 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 \$ _____
- Golf Cart rentals \$ _____
- Miniature Golf \$ _____

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

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

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. 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

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: