



CANADIAN PROFESSIONAL GOLFERS' ASSOCIATION

PROPAC

APPLICATION FOR PROSHOP INSURANCE EXCLUSIVELY FOR CPGA MEMBERS

Name: _____

Club Name: _____

Club Address: _____

Mailing Address: _____

City _____ Prov. _____ Postal _____

Telephone: Res. _____ Bus. _____ Fax. _____

Mortgagees/Lienholders: _____

GENERAL

- ProShop Inside Clubhouse
- ProShop in Separate Building
- CPGA Approved Facility

CONSTRUCTION

- Frame
- Brick Veneer
- Masonry
- Fire Resistive

List any operations other than proshop, teaching golf and power cart fleet operations:

FIRE PROTECTION

- Within 1,000 Ft. of a Fire Hydrant
- Within 3 miles of a Firehall
- Sprinklered Building

ALARM SYSTEM (Check One)

- Overnight Security Guard
- Monitored Station
- * Local/No Alarm

CHECK ALL THAT APPLY

- Motion Detectors
- Line Security
- Disconnected During Winter
- Surveillance Cameras
- Money Safe? (Mandatory for overnight cash coverage to apply)
- Daily Bank Deposits - Maximum on-site cash accumulation \$ _
- * Bars/Screens on **ALL** windows yes no **ALL** doors yes no

note: _____

*** Theft coverage will be limited unless there are bars or security screens on all windows and doors**

PRESENT INSURANCE INFORMATION

Company Name: _____ Policy # _____

Expiry Date: _____ Premium: _____

Claims History: (last 5 years)

- 1. _____
- 2. _____
- 3. _____

LIMITS OF COVERAGE REQUIRED

STOCK - Anticipated monthly values for the year **200** _____. Includes all merchandise held for sale

January	\$ _____	February	\$ _____	March	\$ _____
April	\$ _____	May	\$ _____	June	\$ _____
July	\$ _____	August	\$ _____	September	\$ _____
October	\$ _____	November	\$ _____	December	\$ _____

EQUIPMENT - Includes pull carts, cash registers, office supplies, rental equipment, repair tools, tenant's improvements, cart supplies and parts, etc.

Replacement Value \$ _____ Depreciated Value \$ _____

MOTORIZED CARTS (including PST, accessories/canopy top...) - Number of Carts # _____

Replacement Value \$ _____ Depreciated Value \$ _____

MEMBERS' CLUBS IN STORAGE Do you provide this service? Yes No
If YES, how many sets _____ Average depreciated value per set \$ _____
Do members sign waivers? Yes No Do you require coverage? Yes No

Date: _____ Signed: _____

Simmlands Insurance Brokers Limited,
480 University Ave. Ste 1100, Toronto, ON M5G 1V2
Tel. 416-865-1881 or 1-800-218-9331, Fax 416-865-0834