

ClubPac

"2010"

SURVEY REPORT

Please complete this survey IN FULL. If any item is not applicable to the club, please state "none". Forms with blank lines may not be processed and may be returned for completion.

IMPORTANT: The following statements are material to the coverage offered under the ClubPac program. The underwriters use the information provided in their decision to accept the risk and/or set terms. Inaccurate information or failure to maintain procedures will result in limitations or render the coverage void.

Club's Legal Name _____ Date _____

Mailing Address _____

Actual Location (as above, or) _____

Contact Name _____ Tel # _____

Fax # _____ E-mail Address _____

OPERATIONS

Seasonal Year Round: Usual Season: from _____ to _____

Number of Holes _____, Mini-putt, Driving Range, Daycare, Fitness Center

Tennis Courts; # _____ Squash Courts: # _____, Swimming Pool

Curling Sheets; # _____, XC Skiing, Tobogganing, Snowmobiles

Other _____

Private Semi Priv. Public;
 Standard Executive / Par 3 Dr.Range;
 Profit Non Profit



Experience of Principals _____ Years

MORTGAGEES:

FIRE PROTECTION

Municipal Fire Hydrants Yes No; Number _____ Distance from Clubhouse _____ (yds)

Private Fire Hydrants Yes No; Name of Service Contractor _____

Clubhouse Sprinklered _____ %; Municipal Water Supply Yes No

[For private hydrants & sprinklers, the supplementary Private Protection Application must be completed in order for fire protection credits to be considered.]

Fire Hall Responds from: _____ Distance: _____ (kms)

Portable Fire Extinguishers Yes No

Full Kitchen Yes NO _____ Hood Protected Yes No

Name of System _____ Type: _____

Maintenance Contract Yes No; Date of Last Inspection: _____

Other Comments: _____

CRIME PROTECTION

Clubhouse

Burglar Alarm Yes No: Type; Motion Detector, Perimeter Infrared,

Other _____ Areas Covered _____



Local Only ; Central Monitored : Alarm Company: _____

Line Security Yes No;

Night Watchman Yes No:

Safe: Yes No; Name: _____ Class: _____ Location _____

No. of Class "A" employees _____

Other Security _____

ATM Machine Yes No; Number _____

Pros hop

Does the Club Own the ProShop Inventory Yes No; if not, who: _____

Are ProShop Windows and Doors Barred Yes No;

Are there Security Screens/Shutters Yes No;

Is high valued inventory moved to locked interior rooms at night Yes No;

Where _____

Are # #6 and #7 irons removed from all display sets of clubs Yes No;

Maintenance & Course

Buildings Alarmed Yes No; Central Monitored Yes No; Line Security Yes NO

Motion Detection Lighting Yes No,

Golf Carts: Stored in locked building or Alarmed Yes No; Guard Dogs Yes No;

Other Security _____

Range Balls Collected Nightly: Yes No; Stored in Locked Building Yes No

INSURANCE HISTORY

Losses (Past Five Years) _____



Present Expiry Date _____

Current Premium _____ Current Deductible _____

Present Insurer(s) _____

PHYSICAL DESCRIPTION

Clubhouse:

B/V/Frame Ord. Mas. - Wood joist roof Non-Combustible Fire Resistive

of Stories _____, Basement Yes No: Area _____ (sq. ft.)

Design _____ Age _____

Walls _____ (ext.) _____ (int.)

Roof Flat Peaked; Age _____ Year Updated _____

Heating _____ (fuel) _____ Age _____ Year Updated _____

Wiring _____ (type) Fuses Breakers; Age _____ Year Updated _____

Housekeeping _____

Separate Pro Shop:

Construction _____ Area _____ (sq. ft.) Floor _____ Roof _____

Maintenance Building(s):

Construction _____ Area _____ (sq. ft.) Floor _____ Roof _____

Storage Building:

Construction _____ Area _____ (sq. ft.) Floor _____ Roof _____

Dwelling: [Tenant's waiver & hold harmless will be required.]



Construction _____ Area _____ (sq. ft.) Floor _____ Roof _____

Other:

Description _____

Construction _____ Area _____ (sq. ft.) Floor _____ Roof _____

Description _____

Construction _____ Area _____ (sq. ft.) Floor _____ Roof _____

INSURED VALUES

Please ensure the accuracy and completeness of your responses. The Insurer(s) rely upon the information provided on this form to appropriately consider the risk, set rates and place adequate re-insurance. Incorrect or incomplete information could result in serious penalty or shortage of coverage in the event of a loss.

Property

[We strongly recommend that the club obtain a professional evaluation of the buildings & contents or at least complete the most recent ClubPac Value Estimator.]

Statement of Values:

[All Statement of Values fields MUST BE FILLED IN. All fields are NUMERIC only. If coverage is not required, type in 0. DO NOT use dollar signs (\$). Do not use "included".]

Foundations	to be included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clubhouse Building	_____		
Optional By-Laws	_____		
Unspecified Clubhouse Contents	_____		
Food & Beverage Inventory	_____		
ProShop Building	_____		
ProShop Equipment	_____		
ProShop Inventory (if owned)	_____		



Paved Driveways & Parking Lots	_____	include <input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance Building # 1	_____	
Maintenance Building # 2	_____	
Optional Outbuildings By-Laws	_____	
Fertilizers/Seeds/Chemicals	_____	
Cart Storage Building	_____	
Tennis Bubble	_____	
Swimming Pool	_____	
Curling Rink	_____	
Ice Compressors	_____	
Mini Putt Fixtures	_____	
Dwelling	_____	
Halfway House & Contents	_____	
Shelters/Washrooms	_____	
Starter's Building	_____	
Pumphouse	_____	
Pumps, Controls & Satellites	_____	
Underground Irrigation System & Sprinkler Heads.	_____	Include <input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Netting & Poles	_____	Insure <input type="checkbox"/> Yes <input type="checkbox"/> No
Driving Range Fixtures	_____	
Range Balls	_____	
Pull Carts	_____	
Bridges	_____	
Fencing	_____	
Tents / Fabric Structures	_____	
Exterior Lighting	_____	
Misc. Course Fixtures	_____	
Other	_____	
Other	_____	
Other	_____	



Total Property of Every Description _____

COVERAGE REQUIRED

Greenskeeping Equipment _____

Golf Carts: # _____

Power Tools and Hand Tools _____

Other Maintenance Equipment _____
(i.e. welders, hoists, etc...)

Total Equipment & Carts _____

COVERAGE REQUIRED

Co-insurance: 90% Co-ins. No Co-ins.

[For terms and conditions to qualify for No co-insurance coverage see the Supplementary "No Co-insurance" application form and Statement of Values]

Business Interruption Limit _____ (\$100,000. incl.)

50% Dues Re-imburement: Yes No; (\$ _____ Total Annual Dues)

Forced Course Closure (\$5,000. per week; max. 5 weeks incl.)

Weekly Limit: \$5,000. \$10,000. \$15,000.

Maximum Indemnity Period: 10 weeks 20 Weeks

Pandemic Outbreak Expense (\$1,000. per day; max. 20 days incl.)

Daily Limit: \$2,500. \$5,000.

Extra Expense Limit _____ (\$50,000. incl.)

Form: (40%-70%-90%-100%) 100% Immediate



Weight of Ice & Snow

(Finished portions of the main clubhouse automatically included)

Main Clubhouse

Included

Other Buildings & Contents

\$100,000. \$250,000.

Course & Greens Coverage

(Named Perils excl. Windstorm & Hail; \$35,000. per hole, \$100,000. max. included.)

Increased Limits: \$200,000 \$300,000. \$400,000. \$500,000. \$750,000. \$1,000,000.

Increased Limit per Hole: \$50,000. \$75,000.

Enhanced Perils:

Yes (Windstorm & Hail, Mudslide, Landslide, Storm Runoff Washout, Flood, Accidental Chemical, & Earthquake)

(\$50,000. deductible except \$250,000. Earthquake & \$10,000. Windstorm & Hail.)

Critical Illness

(\$10,000. two (2) "Named Insureds" under the age of 65, included)

Name

Date of Birth

_____ D ____ M ____ Y ____ Male Female

_____ D ____ M ____ Y ____ Male Female

(Only "named" insureds or their replacement are covered.)

Money & Securities (3-D Bond)

_____ (maximum \$25,000.)

Is there an audit by an independent CA, CMA, CGA, or equivalent? Yes No

Is there an Auditor's letter to management on internal controls? (If Yes, attach a copy) Yes No

What percentage of receipts are cash? _____ cheques? _____ other? _____

Are bank accounts reconciled by someone not authorized to deposit or withdraw there from? Yes No

How often? _____

Are securities subject to joint control of two or more responsible employees? Yes No

If no securities, state so _____

Is countersignature of cheques required at all locations? Yes No

If No, describe the system in effect to prevent unauthorized issuance of cheques _____

Are all outgoing cheques prenumbered and all numbers accounted for, including voided cheques? Yes No

Are suppliers paid only after verifying that goods were physically received? Yes No

If No, explain _____



Is an application for employment completed by each prospective employee? Yes No

Are background checks performed on all prospective employees? Yes No

Does the organization maintain a personnel file for each employee? Yes No

When employees are transferred to more sensitive positions within the organization, is additional screening performed? Yes No

Has any Employee Dishonesty, Forgery, Burglary, Robbery, Theft, Disappearance or Destruction insurance carried by the Applicant been declined or cancelled within the last six years by any Insurer? Yes No

If Yes, explain: _____

ATM Coverage (\$10,000.) Yes No

Computer Fraud Coverage Yes No

Credit Card Forgery Yes No

Deductible: \$1,000. \$2,500. \$5,000.

Increased Bond (Form "A") \$50,000. \$100,000. \$250,000. \$500,000.

Boiler & Machinery (Automatically included)

Other _____

Commercial General Liability: \$ 5,000,000.

Employees (Full time) _____ **(part time)** _____ **Ann. Payroll:** _____

Workers Compensation: Yes No; (All employees) (Only mandatory employees)

Employer's Liability (\$50,000. incl.)

Optional: \$100k. \$150K. \$200k. \$250k. \$1,000k.

Liquor License: Yes No

1.) Club Staff Liquor Service Training

Proper staff training and risk control practices are usually a liquor host's ONLY legal defense. It is a requirement of the ClubPac Program that all liquor service staff receive recognized liquor service training. For clubs without proper training programs, Host Liquor Liability coverage will be limited to a maximum of \$200,000. Including legal costs.



- Is all liquor service staff certified by one of the approved programs?

“Smart Serve” Yes No

“Serving It Right” Yes No

“It’s Good Business” Yes No

Other _____ Yes No

- Who is certified? General Manager - Yes No

Bar Manager/supervisor - Yes No

Bartenders - Yes No

Servers - Yes No

Other staff - Yes No

- Do you have a WRITTEN liquor service policy statement? Yes

No

- Is it prominently posted? Yes No

- Are staff/employees given the clear written authority & duty to impose and enforce these rules without exception? Yes No

2.) “Golf Course Endorsement” extending service onto the course.

In many provinces “Golf Course Extensions” impose additional terms and conditions on the Clubs’ Liquor License. **It is a Condition of Coverage under the ClubPac policy that clubs MUST conform to Provincial Law in their jurisdiction.**

- Is all beverage cart staff certified? (Legally required in most provinces.)

Yes No

- Are all Course Marshals Certified? (Legally required in some provinces)

Yes No

3.) Private tournaments, banquets and other functions

It is a strong recommendation under the ClubPac program that clubs use written contracts for all “Private Events” and that the contracts include the approved Waiver & Indemnity clause. **For clubs with written contracts including Waiver & Indemnity clauses, liability claims arising from a private tournament; banquet or other private function will not be subject to the liability deductible.**

- Do you require a written contract with each Event Sponsor? Yes

No

- Does your contract include the approved WAIVER & INDEMNITY clause? Yes No



APPROVED WAIVER & INDEMNITY agreement:

_____ [SPONSOR's NAME] _____ (The Sponsor) ACCEPTS RESPONSIBILITY for all damages caused by the sponsor, its guests, event participants, agents, or employees to _____[CLUB NAME]_____,s (The Club) facilities.

The Sponsor agrees to RELEASE The Club from any liability for personal injury, property damage, or any loss sustained by The Sponsor by reason of, or resulting from, in connection with, or arising in any way from The Sponsor's event.

The Sponsor agrees to INDEMNIFY and REIMBURSE The Club for any liability, costs, or expenses imposed by law upon The Club arising from The Sponsor's use of The Club's premises.

The Sponsor agrees that this waiver, release and indemnity agreement shall not be effected by any negligence, gross negligence, breach of contract or any other conduct on the part of The Club, its employees or agents.

The Sponsor acknowledges that he or she has read this waiver, release and indemnity agreement and understands and accepts the contents therein.

In the event that any provision herein contained is deemed to be unenforceable and/or invalid, that provision shall be severable from the whole document and shall not affect the validity and enforceability of the other provisions and the document as a whole.

4.) Have you ever had your liquor license suspended or cancelled or been cited for violations by your provincial authority ? Yes No

If yes provide details: _____

Ann. Receipts: Liquor _____ Food _____ Dues _____

Greens Fees _____ **Other** _____

TOTAL REVENUES

Activities

Golf Cart Rental Agreements Signed Yes No; **Incl. Waiver & Indemnity Clauses** Yes No

Have Neighbours Complained of Errant Golf Balls Yes No;

If so, Measures taken _____



Do Course & Range have Protective Netting Yes No; Driving Range Supervised Yes No

Total length and Maximum height of netting; _____

Is netting taken down for off season storage Yes No; Where stored _____

Is netting removable and taken down in the event of storms Yes No

Do Event Sponsors (Tournaments, Banquets, Weddings, etc.) sign written contracts including waivers and indemnity clauses Yes No

Other activities not usual to a golf club: Batting Cages, Rental Boats, Skating/Hockey

Other

Please describe any "Unique" or "Unusual" liability exposures that exist at this club _____

Independent Sub-Contractors :

ProShop Yes No; Name: _____

Restaurant Yes No; Name: _____

Other Yes No; Name and activity:

Do all independent contractors sign written contracts including waivers & indemnity agreements
Yes No

Are all independent contractors required by contract to carry liability insurance including All Risks Tenant's Legal Liability and including the club as an additional Insured Yes No

[Independent subcontractors are NOT INSURED of the ClubPac policy. Attach a copy of the contractor's latest Liability Insurance Certificate showing the club as an additional insured.]

Property of Others / Bailee's Liability

Is coverage required for:



a.) Private Golf Carts Yes No; Limit required _____
Do owners sign Waiver & Indemnity agreements Yes No

b.) Members' Property in Lockers: Yes No; Limit required _____

c.) Members' Clubs in Storage Yes No; Limit required _____
of Sets _____ Average Value Per Set _____
Who is Responsible; Club Independent Golf Pro;
Is this in a written agreement Yes No

**IMPORTANT - Do members sign Storage Agreements including Waivers of Liability Yes No
(If yes, attach a copy)**

Umbrella Liability

\$5,000,000. \$10,000,000.

Underlying Automobile Insurance (minimum \$2,000,000.)

Policy #	_____	_____	_____
Insurer	_____	_____	_____
TP Liability Premium	_____	_____	_____

Director's & Officer's Liability:

\$1,000,000. \$2,000,000. \$5,000,000.

Employment Practices Liability (\$250,000. Limit; Deductible - 10%, minimum \$2,500.)

Business Type:

- Non-profit corporation or Society**
- For-Profit Corporation acting like a Non-Profit**
 - Maximum 10% of the shares held by any one shareholder
 - All volunteer / nonpaid Directors
 - Club must pass By-law prohibiting distribution of assets
- Small Closely Held For-Profit Corporation** (under \$2,000,000. revenues)
- Other For- Profit Entity**

Deductible: \$1,000. \$2,500. \$5,000.

Number of Directors and Officers _____

[If coverage required, complete the supplemental ClubPac Directors' & Officers' liability application



form and submit the Club's latest Financial Statements.]

DIAGRAM

- **Show relative positions of buildings and significant features.**
- **Indicate separation distances between structures.**



**Associated Broker (Sub-Broker)
Supplementary Information**

(If this survey is being completed by an Associated Broker/Agent, please provide the following information)

Sub-Broker/Agent Name _____

Sub-Broker/Agent Address _____

Contact Name _____ Contact Title _____

Tel # _____ Fax # _____ E-mail Address _____

Is your office the incumbent Broker/Agent? Yes No
Are you licensed in the province where the risk is located? Yes No
Do you have \$1,000,000? Errors & Omissions Insurance in force? Yes No
Do you have \$2,000,000? CGL insurance in force? Yes No
Do you have \$100,000? Fidelity Bond deleted in force? Yes No
Are you licensed to collect provincial sales tax? (Ont., Que., Nfld.) Yes No
If so: Sales Tax License Number _____

Have you read the broker's Terms of Placement on our website? Yes

Other Notes or Comments _____

