



Package Supplemental Application

**GENERAL INFORMATION**

1. Club Name: \_\_\_\_\_
2. Number of Members: \_\_\_\_\_
3. Number of holes: \_\_\_\_\_
4. Number of employees: \_\_\_\_\_
5. FEIN: \_\_\_\_\_

6. Estimated Gross Annual Receipts\* for the following:  
*Question six (6) does not need to be completed if an annual income statement or latest audited financials are included in the submission.*

a.	Membership dues / initiation fees	\$
b.	All other fees (Greens Golf Carts, Locker Rooms, Tournaments etc.)	\$
c.	Pro Shop revenue (if owned)	\$
d.	Snack bar / restaurant receipts (other than Liquor)	\$
e.	Liquor sales	\$

Number of Rounds (annually):\_

7. Amenities offered (mark an "x" to all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Beauty Shops                      | <input type="checkbox"/> Horseback Riding  |
| <input type="checkbox"/> Child Care / Day Camp Service     | <input type="checkbox"/> Hunting           |
| <input type="checkbox"/> Baby Sitting Service              | <input type="checkbox"/> Skeet/Trap Ranges |
| <input type="checkbox"/> Hotel or Guest Quarters           | <input type="checkbox"/> Private Beach     |
| <input type="checkbox"/> Aerobics / Fitness Center         | <input type="checkbox"/> Marina/Yacht Club |
| <input type="checkbox"/> Steam Room/ Saunas / Tanning Beds | <input type="checkbox"/> Watercraft        |
| <input type="checkbox"/> Skiing                            | <input type="checkbox"/> Other/Describe    |

Please provide a brief description of these amenities:

8. Do you have a PG Professional on Staff? Yes \_\_\_\_ No \_\_\_\_  
 Is the Golf Pro an Employee or Independent contractor? \_\_\_\_\_  
 Is the Golf Shop owned by the club or independently operated? \_\_\_\_\_  
 If independently operated, what is the square footage of the pro shop? \_\_\_\_\_

9. Are certificates of insurance, which include naming the club as an additional insured, obtained and kept in file for all contracted work? Yes\_\_\_\_ No\_\_\_\_

10. Does the club hire a contractor to apply pesticides, herbicides, or fertilizers to its golf course grounds?  
 Yes \_\_\_\_ No \_\_\_\_

If contracted out, does the club obtain certificates of insurance confirming pollution liability coverage from all contractors? Yes \_\_\_\_ No \_\_\_\_

If the club performs the work, are all applicators certified and registered by a federal or state agency to use pesticides, herbicides, or fertilizers? Yes \_\_\_\_ No \_\_\_\_





**Winterization – To be completed for risks in**

**AR,CT,DC,DE,GA,IL,KY,ME,MD,MA,MO,NH,NY,NJ,NC,OH,PA,RI,SC,TN,TX,VT,VA,WV,WI**

1. For Buildings with Automatic Fire Sprinkler System(s):

Is the sprinkler piping run within conditioned areas designed to ensure the temperature remains above 45 degrees minimum temperature: Yes \_\_\_ No \_\_\_

Test Completed by Professional Every 12 Month: Yes \_\_\_ No \_\_\_

Does the testing and inspection include a winterization review? Yes \_\_\_ No \_\_\_

2. Emergency Water Response (domestic and AS water lines)

Are water shutoff valves (domestic and AS water lines) marked and readily available? Yes \_\_\_ No \_\_\_

Are water shutoff valves exercised (domestic and AS lines) at least annually? Yes \_\_\_ No \_\_\_

Is the staff qualified to respond and shut off the water main at all hours? Yes \_\_\_ No \_\_\_

3. Other Winterization Precautions

For domestic water lines, is there a water flow detection and automatic shutoff? Yes \_\_\_ No \_\_\_

Does application have a formal process to turn off and drain domestic water lines for any vacant buildings and/or vacant spaces? Yes \_\_\_ No \_\_\_

Please describe freeze prevention measures (temp monitoring, heat trace, full insulation, etc.) for any water lines located in unheated areas (attics, crawl spaces, wall joists, etc.):

**MAINTENANCE EQUIPMENT**

1. Where is the maintenance equipment stored: \_\_\_\_\_

2. How much value is stored at one time: \$ \_\_\_\_\_



### GOLF CARTS

1. Total numbers of riding golf carts \_\_\_\_\_
2. Are the golf carts owned or leased? \_\_\_\_\_
3. Where are the golf carts stored? \_\_\_\_\_
4. If stored under the clubhouse, is there a firewall between the ceiling of the cart storage and the clubhouse floor? Yes \_\_\_ No \_\_\_
5. Are the carts gas powered or electric/battery? \_\_\_\_\_
6. If gas carts, does the cart barn building have proper ventilation? \_\_\_\_\_
7. Does the club carry a maintenance agreement on the carts? Yes \_\_\_ No \_\_\_
8. Does the agreement require the carts are inspected at least quarterly? Yes \_\_\_ No \_\_\_
9. Are the carts equipped with "Anti-Roll-Away" automatic brake systems? Yes \_\_\_ No \_\_\_
10. Is the brake automatic or does the driver need to apply? \_\_\_\_\_
11. Do the carts have GPS safety technology such as geofencing? Yes \_\_\_ No \_\_\_

### SWIMMING POOL

1. Are all pools/spas compliant with the Virginia Graeme Baker Pool and Safety Act? Yes \_\_\_ No \_\_\_
2. How many pools? \_\_\_\_\_
3. Are all pools fenced? Yes \_\_\_ No \_\_\_
4. Number of diving boards: \_\_\_\_\_ Height of Diving Board(s): \_\_\_\_\_
5. Depth of pool at entry from the diving board(s)? \_\_\_\_\_
6. Does the club have any water slides? Yes \_\_\_ No \_\_\_ If yes, please attach photo
7. Are there lifeguards on duty? Yes \_\_\_ No \_\_\_ If no, is there "swim at your own risk" signage? Yes \_\_\_ No \_\_\_
8. Does the club sponsor swim/diving teams? Yes \_\_\_ No \_\_\_ If yes, are waivers required? Yes \_\_\_ No \_\_\_
9. Does the insured provide any transportation for the swim/diving teams? Yes \_\_\_ No \_\_\_

### SNACK BAR / RESTAURANT

1. Is the snack bar / restaurant operated by the insured or concession? \_\_\_\_\_
2. If concession, does lessee provide certificates of insurance naming club as an additional insured? Yes \_\_\_ No \_\_\_
3. What type of extinguishing system is installed over cooking facilities? \_\_\_\_\_  
Does the system cover the deep fat fryers? Yes \_\_\_ No \_\_\_
4. How often is the system inspected? Quarterly \_\_\_ Semi Annually \_\_\_ Annually \_\_\_



**LIQUOR LIABILITY**

1. Gross receipts from owned restaurant/snack bar (include liquor): \$ \_\_\_\_\_
2. Gross receipts from owned banquet/catering operation (include liquor): \$ \_\_\_\_\_
3. Gross receipts for liquor only: \$ \_\_\_\_\_
4. Liquor License Number: \_\_\_\_\_ Name on liquor license: \_\_\_\_\_
5. Has liquor license ever been cancelled, suspended or revoked? Yes \_\_\_ No \_\_\_  
If yes, please describe:
  
6. Have there been any liquor claims in the past five (5) years? Yes \_\_\_ No \_\_\_ If so, please explain:
  
7. Are written procedures and training provided to employees to avoid selling to intoxicated patrons? Yes \_\_\_ No \_\_\_
8. Are written procedures in place for providing alternate transportation for an intoxicated patron  
Designated Driver/ Call a Cab? Yes \_\_\_ No \_\_\_
9. Have all bartenders, servers, valet drivers attended an Alcohol Awareness Training Course (Dram Shop Liability) (TIPS / TAMS)? Yes \_\_\_ No \_\_\_  
If training on Dram Shop Liability is provided, is it ongoing education? Yes \_\_\_ No \_\_\_

**RENTAL PROPERTY**

1. Are there any dwellings or rental property?  
Yes \_\_\_ No \_\_\_  
If yes, please describe the use of the property:  
  
If habitational, does the property have:  
  
Fire extinguishers? Yes \_\_\_ No \_\_\_  
  
Hard-wired heat/smoke detection? Yes \_\_\_ No \_\_\_  
  
Second means of regress. Yes \_\_\_ No \_\_\_
  2. Total number of rooms in hotel /guest quarters: \_\_\_\_\_
  3. Are rooms available to members and their guests only? Yes \_\_\_ No \_\_\_ If no, please describe:
-

**DAY CARE SERVICES**

Does the club provide day care services? Yes\_\_\_ No\_\_\_

(Please note day care means childcare service while parent/guardian is on the premises of the club.)

1. Are their children under the age of 5? Yes\_\_\_ No\_\_\_
2. What is the caregiver to child ratio? \_\_\_\_\_
3. Are all caregivers (employees, volunteers, and contractors) subject to criminal background checks? Yes\_\_\_ No\_\_\_
4. Does the club's employment process (employees, volunteers, contractors) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse offenses before an offer of employment is made? Yes\_\_\_ No\_\_\_

**DAY CAMP SERVICES**

1. Does the club operate a day camp? \_ Yes\_\_\_ No\_\_\_

If yes, the following information must be completed:

2. What is the counselor to children ratio? \_\_\_\_\_
3. Number of children in the following age groups:  
0 to 5: \_\_\_\_\_ 6 to 10: \_\_\_\_\_ Over 10 years of age: \_\_\_\_\_
4. Is the camp available to member's children only Yes\_\_\_ No\_\_\_
5. Any field trips off premises? \_\_ Yes\_\_\_ No\_\_\_  
If yes, please describe:
6. Does the club do a criminal background check on all counselors (employees, volunteers, and contractors)? Yes\_\_\_ No\_\_\_
7. Does the club's employment process (employees, volunteers, contractors) include verification of whether the individual has even been convicted of any crime, including sex related or child abuse offenses before an offer of employment is made? Yes\_\_\_ No\_\_\_
8. How long do the day camps run: (Ex: first two weeks of August):
9. Daily hours: (Ex: 9 am to 2 pm Monday to Friday) \_\_\_\_\_
10. Does the club provide any transportation? Yes\_\_\_ No\_\_\_  
If yes, please describe:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_