

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):

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

Please provide a brief description of these amenities:

8. Do you have a PGA 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 ____

PROPERTY

1. What is the protection class of the property:_____ If PC 7 or higher, what is the source of water supply:_____
 2. Distance to closest fire hydrant:_____ Distance to fire department:_____ Is the fire department paid or volunteer _____?
 3. Do any of the buildings have Automatic Fire Sprinkler System(s)? Yes____ No____
If Yes:
Which Buildings: _____
What Percentage: _____
Type installed: Wet____ Dry____ Both____
Test Completed by Professional Every 12 Month: Yes____ No____
Are the alarms tied to a 24-hour UL listed monitoring company: Yes____ No____
Are the alarms tied to a 24-hour UL listed monitoring company Yes____ No____
 4. Are any of the buildings equipped with Central Station Fire and/or Burglar Alarms?
Yes____ No____
Please list the buildings and alarms:
 5. Are there any vacant or unoccupied building? Yes____ No____
If Yes, please list:
 6. Does the property have aluminum wiring? Yes ____ No____
 7. Are there any solar panels on the property? Yes No
 8. Does the club have a lightning warning and notification system in place? Yes ____ No ____
 9. Does the Applicant have any air supported or fabric roof structures on premise? (Tennis bubbles, etc.) Yes _No__
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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 ____
12. Are the golf carts permitted into the club parking lots/areas: 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 habitation, does the property have:

Fire extinguishers? Yes _____ No _____

Hard-wired heat/smoke detection? Yes _____ No _____

Second means of egress. 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: _____