

BOLLINGER, INC.

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Toll Free: 800-446-5311 Fax: 973-467-0759

CLUB PROGRAM QUESTIONNAIRE

Web: <http://www.BollingerInsurance.com>

Name/ Mailing Address/Zip Code of Club:

Location (Include County & Zip Code)

FEIN # _____

Additional Locations (enter "same" if as above): **If additional location is an additional golf /city/tennis club a separate club questionnaire must be completed in full for each location.**

Manager or Club contact: _____ Phone Number: () _____

Fax Number: () _____ email: _____

Ownership:

Member Owned (i.e. equity, proprietary) _____

Individually, Privately Owned _____

Corporately Owned _____

Partnership _____

City/Municipally Owned _____

Resort _____

Other (explain) _____

Club is Non-Profit Corporation: (501C)

Yes ()

No ()

Club Status:

Private _____

Semi-Private (membership available)* _____

Daily Fee _____

Tennis _____

City _____

Resort _____

* Explain Membership privileges

ALL SECTIONS MUST BE COMPLETED IN FULL:

1. Main Clubhouse:

Type of Construction: _____ Square Feet of Building: _____ Age of Building: _____

Central Station Hard Wired Heat and Smoke Detection System? Yes () No ()

Sprinkler System? Yes () No ()

Other Safety Systems? _____

Automatic extinguishing system installed which protects hoods, ducts and all cooking surfaces including deep fat fryers?

Yes () No () Cleaning Service? Yes () No () How Often? _____

THE SYSTEM MUST ALSO HAVE A MANUAL RELEASE AWAY FROM THE COOKING AREA.

If Building **over 10 years old**, need year the following were updated: Electrical _____ Roof _____ Plumbing _____ HAVC _____

Is the main clubhouse closed during off-season? If so, when and for how long: _____

What security is in place while club is closed: _____

Does the Club have a Property Appraisal? **If yes, attach copy** Yes () No ()

2. GOLF

Number of courses _____ Number of Holes _____ Driving Range? Yes () No ()

Golf Carts: Number of Carts _____ Owned _____ Leased _____ Powered by: # Gas _____ # Electric _____

Who is responsible for maintenance of golf carts? _____

(If leased, are Certificates of Insurance obtained naming the Club as Additional Insured? Yes () No ()

Are there operators under the age of 18? Yes () No () If yes, explain: _____

Who is responsible for insuring golf carts? Club _____ Pro _____ Lessor _____

Are there Professional or Major Amateur Events planned during the next three years? If yes describe:

Name of Golf Professional: _____ Is he/she an Independent Contractor? _____

Club Employee? _____ Is the Pro Shop owned by: Club _____ Independently operated _____

Independent Contractor has their own coverage with club added as additional insured: Yes () No ()

Who is the Bailee for members' golf clubs? Club _____ Pro _____ Total value of members' golf clubs stored at Club? \$ _____

Are there any plans to renovate the golf course, buildings or make a major capitol purchase during the next policy period? Yes () No ()

If yes, explain in detail – use separate sheet if necessary: _____

3. TENNIS

Number of Outdoor Courts: _____ Number of Indoor Courts: _____ Outdoor courts lighted for nighttime play?: Yes () No ()

Tennis Bubbles: Yes _____ No _____ # and age of Bubbles: _____ How supported? _____

Who erects bubbles: Employees _____ Vendor _____ If Vendor is club added as Additional Insured on Vendor policy? _____

Manufacturer specifications must be included with submission.

Name of Tennis Professional _____ Is he/she an Independent Contractor? _____

Club Employee? _____ Is the Tennis Shop owned by the Club _____ Operated Independently _____

Independent Contractor has their own coverage with club added as additional insured: Yes () No ()

4. PLATFORM TENNIS:

Number of Courts: _____ Construction: _____

Lighted for nighttime play? Yes () No () Heating of Courts? Yes () No () Electric _____ Gas _____

Are Certificates of Insurance obtained **naming Club as Additional Insured on all contracted work**? Yes () No ()

5. SWIMMING:

Pool _____ Kiddie Pool _____ Lake _____ Pond _____ Ocean _____

Number of certified life guards _____ Hours of pool operation: _____

Is pool fenced or protected by perimeter protection at least four feet high? Yes () No ()

Do they have self -closing gates? Yes () No () Are rules posted? Yes () No ()

Number of diving boards _____ Describe/Height and how used: _____

Depth of Pool in Diving Area? _____ Clearly marked? _____

Water Slides _____ Height/Describe _____

Picture must be included

6. WATERCRAFT: NOTE: powerboats with more than 50 HP or sailboats over 26 feet cannot be insured in our Program.

Number of owned watercraft:

- | | | |
|--------------------|----------------------|---------------------|
| 1. Canoes _____ | 2. Rowboats _____ | 3. Kayaks _____ |
| 4. Powerboat _____ | 50 HP or under _____ | Over 50 HP _____ |
| 5. Sailboats _____ | Under 26 ft _____ | 26 ft or over _____ |

7. OTHER CLUB ACTIVITIES CHECK ALL THAT APPLY:

- | | | |
|------------------------|---------------------------------|-------------------------------|
| ____ Skeet/Trap Ranges | ____ Snowmobiling | ____ Jacuzzi / Saunas |
| ____ Saddle Animals | ____ Cross-Country Skiing | ____ Steam Room |
| ____ Hunting | ____ Down Hill Skiing | ____ Tanning Beds |
| ____ Fishing | ____ Barbershop/Beauty Parlor | ____ Fitness Trainer |
| ____ Ice Skating | ____ Masseur/Masseuse | ____ Day / Summer Camps* |
| ____ Sledding | ____ Health Club Facilities/Spa | ____ Baby Sitting/Child Care* |

Other: _____

Please provide brief description of these activities. *PAGE 6 must be completed for these activities.

Overnight facilities for members/members' guests? _____ If so, # of rooms or apartments available: _____ Open to Public: _____

Overnight facilities for Employees? _____ If so, # of resident employees: _____

Are the clubs facilities loaned or rented to non-member organizations? If so describe: _____

Does the Club have a dance floor and offer live entertainment? _____

8. JUNIOR PROGRAM:

List sports for which Junior Program exists: _____

Do Junior teams travel to other clubs? _____ How are children transported? _____

9. OTHER:

Approximate number of Weddings, Banquets, Parties, Special Events a Year: _____ Members/Guests Public _____

10. Restaurant and/or Snack Bar:

Operated by the Club _____ Concessionaire _____

If Concessionaire, are Certificates of Insurance obtained naming the Club as Additional Insured? Yes () No ()

Liquor license in the name of: _____

Have all bartenders attended a course on Dram Shop Liability (TIPS)? _____ Is this an ongoing training program? Yes () No ()

Is there a formal training program on service to intoxicated patrons? _____

Gross Revenues (less initiation fees and interest income) _____

Gross Liquor Receipts (excluding non-alcoholic beverages) _____ Restaurant Receipts _____

What hours are alcoholic beverages are served? _____

11. CRIME--CHECK SIGNING PROCEDURES:

Are checks countersigned: Yes () No () **MUST BE COUNTERSIGNED OVER \$2,500. REQUIREMENT OF PROGRAM)**

Does club handle cash transactions or member charges only? _____

Does club require member account numbers to be used on all transactions? _____

Does club offer any credit charge facilities outside of member account charges? _____

Do special events bring in unusually large sums of cash? _____

12. VALET PARKING INFORMATION:

Does the Club provide valet parking? Yes () No () BY: Club Employees _____ Outside Contractor? _____

If contractor used, are Certificates of Insurance obtained naming the Club as Additional Insured? Yes () No ()

13. FLOOD/EARTHQUAKE COVERAGE:

If this coverage is desired, please complete the following:

Is Club eligible for Emergency Flood Program Insurance? Yes () No ()

Is Club eligible for National Flood Program Insurance? Yes () No () Flood Zone: **Please circle:** A, V, B, C, X, D

NOTE: Flood not available in Zones A, V or D. Earthquake not available in Mercalli Zones 7 or higher.

14. COASTAL PROPERTIES (must be completed)

Miles from Gulf _____ Bay _____ Ocean _____

Main building—age of roof _____ Does roof meet current State Codes: _____

15. POLLUTION (PESTICIDE / HERBICIDE LIABILITY)

If quotation desired complete attached questionnaire.

If quotation for Above Ground Storage Tanks is desired, complete attached application AND pictures MUST be supplied.

16. CLUB PROFESSIONAL REPLACEMENT EXPENSE COVERAGE: (name needed to activate coverage)

Manager: _____

Golf/Tennis: _____

17. DIRECTORS & OFFICERS LIABILITY AND OR FIDUCIARY COVERAGE: (APPLICATION MUST BE COMPLETED IN FULL) IF COVERAGE WRITTEN THROUGH BOLLINGER PROGRAM—UMBRELLA WOULD BE EXCESS OF THE D&O COVERAGE.

18. FIDUCIARY LIABILITY: (APPLICATION MUST BE COMPLETED IN FULL)

19. EMPLOYEE BENEFITS:

What benefit programs are covered by insurance? _____

Has there been any prior claim (past 5 years) to this line of coverage? Yes () No () If so, explain: _____

Does applicant have any knowledge of any occurrence that might lead to a claim under this coverage? Yes () No ()

If yes, explain fully: _____

Who administers the benefit programs and enrollments? _____

Insured Signature

Date

COMMENTS/REMARKS: (USE SEPARATE SHEET OF PAPER IF NECESSARY)

BABYSITTING/DAYCARE/DAYCAMP QUESTIONNAIRE

CLUB: _____

If clubs are going to provide babysitting/child care/day or summer camp service, they should do it right and put a Club official in charge of the program. This project is at least as important, from an insurance perspective, as the Grounds Committee or the Golf Committee and should not be delegated downward. **PLEASE ADVISE:**

Has the Club contacted the Board of Health to determine if any licenses are necessary? The Board of Health may have requirements regarding the arrangement of the facility, sanitation, inspections, numbers and qualifications of care givers, etc. _____

Caregivers must be screened very carefully. Background checks, references, police record, etc. must be scrutinized. Has this been done? _____

Are Caregivers trained in CPR / First Aid? _____

The ratio of children to care givers must be established. Number _____

The lower and upper age limit of children must be established. Number _____

The location of the room or rooms used must be considered with swift and safe emergency evacuation in mind. Advise. _____

The room must be safe with no sharp edges, stairs, hot steam pipes, etc. Advise. _____

Service provided for members only or can anyone utilize it? _____

Hours of Operation and length of time service is provided? (all year, 6 weeks?) _____

Will the parents or the club provide meals and snacks? _____

How do you identify persons picking up children? _____

How will parents be notified in emergencies? _____

What is maximum capacity of this service? _____

Must a parent be on premises at all times, or may they drop off their child and leave? _____

Any Off-Premises trips and if so, please provide the following? _____

of children & ages, location(s), how long (ANY OVERNIGHT?) _____

Frequency and distance traveled (miles) and supervision? _____

Mode of transportation? _____

Are certificates of insurance and hold harmless agreements obtained from company? _____

Are signed hold harmless agreements obtained from parents (club lawyers should create)? _____

Completed by: _____ Title: _____ Date: _____

Use separate sheet of paper if necessary