



# New Business Questionnaire

Club Name: \_\_\_\_\_

FEIN# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location (if different than mailing): \_\_\_\_\_

Any additional locations? Yes  No

If yes, please complete a separate questionnaire for each location

Manager or Club contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Ownership:

<input type="checkbox"/> Member owned (i.e. equity, proprietary)	<input type="checkbox"/> City/Municipality owned
<input type="checkbox"/> Individually, privately owned	<input type="checkbox"/> Resort
<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (describe) _____
<input type="checkbox"/> Partnership	

### Club Status:

<input type="checkbox"/> Private	<input type="checkbox"/> Tennis
<input type="checkbox"/> Semi-Private (membership available)*	<input type="checkbox"/> City
<input type="checkbox"/> Daily Fee	<input type="checkbox"/> Homeowners Association
<input type="checkbox"/> Resort	<input type="checkbox"/> Property Owners Association

\*Explain membership privileges: \_\_\_\_\_

Number of members: \_\_\_\_\_ Number of rounds: \_\_\_\_\_

### ALL SECTIONS MUST BE COMPLETED IN FULL

#### 1. Main Clubhouse

Type of construction \_\_\_\_\_ Square footage \_\_\_\_\_ Year Built \_\_\_\_\_ # Stories \_\_\_\_\_

If over 10 years old, what year were the following updated?

Electrical \_\_\_\_\_ Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_

Does the Club have:

Central station hard-wired heat and smoke detection system? Yes  No

Sprinkler system? Yes  No

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

Yes  No

If Yes, is there a cleaning service? Yes  No  How often? \_\_\_\_\_

Does the system have a manual release away from the cooking area? Yes  No



Describe any other safety systems? \_\_\_\_\_

Is the main clubhouse closed during off-season? Yes  No

If yes, when and for how long? \_\_\_\_\_

What security is in place while the Club is closed? \_\_\_\_\_

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

Does the Club have Professional or Major Amateur Events planned during the next year? Yes  No

If yes, please describe: \_\_\_\_\_

**2. Golf**

# Courses \_\_\_\_\_ # Holes \_\_\_\_\_

Driving range? Yes  No

# Golf carts (total) \_\_\_\_\_ # Owned \_\_\_\_\_ # Leased \_\_\_\_\_ # powered by: Gas \_\_\_\_\_ Electric \_\_\_\_\_

Where are golf carts stored? \_\_\_\_\_

If carts are leased, is a certificate of insurance on file naming the Club as additional insured? Yes  No

Who is responsible for golf cart maintenance? Club  Pro  Lessor

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

Are there cart operators under the age of 18? Yes  No

If yes, please explain: \_\_\_\_\_

Name of Golf Professional: \_\_\_\_\_

Independent Contractor  Club Employee

If Independent Contractor, is a certificate of insurance on file naming the Club as additional insured? Yes  No

The Pro Shop is owned by: Club  Independently operated

If Independent Contractor, is a certificate of insurance on file naming the Club as additional insured? Yes  No

The Bailee for members' golf clubs is: 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 capital purchase during the next policy period? Yes  No

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

**3. Tennis**

Yes  No  N/A

# Outdoor courts \_\_\_\_\_ # Indoor courts \_\_\_\_\_

Are outdoor courts lighted for nighttime play? Yes  No

Are there tennis bubbles? Yes  No

*If yes, the RPS Bollinger Bubble Questionnaire must be completed.*

**NOTE: Bubble manufacturer's specifications must be included with submission.**



Name of Tennis Professional \_\_\_\_\_

Independent Contractor  Club Employee

If Independent Contractor, is a certificate of insurance on file naming the Club as additional insured? Yes  No

The Tennis Shop is owned by: Club  Independently operated

If independently operated, is a certificate of insurance on file naming the Club as additional insured? Yes  No

**4. Platform Tennis**

# Courts \_\_\_\_\_ Construction \_\_\_\_\_

Are the courts lighted for nighttime play? Yes  No

Are the courts heated: Yes  No  If yes: Electric  Gas

**5. Swimming** Yes  No  N/A

Check all that apply: Pool  Kiddie Pool  Lake  Pond  Ocean

Are all pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act?

Yes  No  If no, please explain and provide timeline: \_\_\_\_\_

Number of certified lifeguards \_\_\_\_\_ Hours of operation \_\_\_\_\_

Minimum # lifeguards on duty during the hours of operation \_\_\_\_\_

Are lifeguard(s) required to be on duty whenever the pool is being used?

Yes  No  If no, please explain: \_\_\_\_\_

Who is responsible for management of the pool operation? \_\_\_\_\_

Years of experience at the Club \_\_\_\_\_

Years of experience managing an aquatic facility \_\_\_\_\_

Does this person(s) have operator certification for aquatic operations? Yes  No

Please indicate any additional activities that are scheduled to take place in the pool area:

Swim/Dive Competitions Yes  No

Pool Parties Yes  No  If yes, how many and what type? \_\_\_\_\_

Special Events or other activities Yes  No  If yes, please describe \_\_\_\_\_

Is pool fenced or protected by perimeter protection at least 4' high? Yes  No

Does the pool fence have self-closing gates? Yes  No  Are pool rules posted? Yes  No

# Diving Boards \_\_\_\_\_ Height(s) \_\_\_\_\_

Pool depth in diving area \_\_\_\_\_ Is area clearly marked? Yes  No

# Water slides \_\_\_\_\_ Describe height(s) and how used \_\_\_\_\_

**Attach a picture of the slide(s) - REQUIRED**



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### 6. Watercraft

NOTE – THE FOLLOWING WATERCRAFT ARE INELIGIBLE FOR OUR PROGRAM:

- » Powerboats over 50HP
- » Sailboats 26’ or more

Number of owned watercraft:

<input type="checkbox"/> Canoes	<input type="checkbox"/> Powerboats 50HP or lower
<input type="checkbox"/> Rowboats	<input type="checkbox"/> Sailboats under 26’
<input type="checkbox"/> Kayaks	<input type="checkbox"/> Other (describe): _____

Are any watercraft used by club members?    Yes    No  

If yes, please describe and provide quantity: \_\_\_\_\_

### 7. Playground

Does the Club have a playground?    Yes    No  

If yes, please describe \_\_\_\_\_

Is it protected by a perimeter fencing that is at least 4’ high?    Yes    No  

Does the fence have a self-closing gate?    Yes    No  

### 8. Other Club Activities-check all that apply: If none, check here:

Check all that apply:

<input type="checkbox"/> Skeet / Trap Ranges	<input type="checkbox"/> Snowmobiling	<input type="checkbox"/> Jacuzzi / Saunas*
<input type="checkbox"/> Saddle Animals	<input type="checkbox"/> Cross-Country Skiing	<input type="checkbox"/> Steam Room*
<input type="checkbox"/> Hunting	<input type="checkbox"/> Downhill Skiing	<input type="checkbox"/> Tanning Beds*
<input type="checkbox"/> Fishing	<input type="checkbox"/> Barbershop / Beauty Parlor	<input type="checkbox"/> Fitness Trainer*
<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Masseur / Masseur	<input type="checkbox"/> Day / Summer Camps**
<input type="checkbox"/> Sledding	<input type="checkbox"/> Health Club Facilities / Spa*	<input type="checkbox"/> Babysitting / Child Care**
<input type="checkbox"/> Playground	<input type="checkbox"/> Junior Programs**	

Briefly describe any other activities not listed above: \_\_\_\_\_

Exercise Information must be completed – see #28

Babysitting / Day Care / Day Camp/ Junior Programs Information must be completed – see #27



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**9. Overnight Exposures**

Are there any overnight accommodations? Yes  No

If yes, are the overnight facilities for members and their guests? Yes  No

If yes, number of rooms/apartments available: \_\_\_\_\_

Are overnight facilities open to the Public? Yes  No

Are overnight accommodations located in the Clubhouse? Yes  No

If no, describe: \_\_\_\_\_

Are there overnight facilities for Employees? Yes  No

If yes, number of resident employees: \_\_\_\_\_

Are employee facilities located in the Clubhouse? Yes  No

If no, describe: \_\_\_\_\_

**10. Junior Programs**

List the Junior Program's sports \_\_\_\_\_

Do Junior teams travel to other clubs? Yes  No

If yes, how are children transported and supervised? \_\_\_\_\_

**11. Other**

Approximate number of Weddings, Banquets, Parties, and Special Events annually: \_\_\_\_\_

Approximate number of Members/Guests/Public who attend: \_\_\_\_\_

On contracted work, are certificates of insurance on file naming the Club as additional insured? Yes  No

Are the Club's facilities loaned or rented to non-member organizations? Yes  No

If yes, please describe: \_\_\_\_\_

**12. Restaurant and/or Snack Bar**

Operated by: Club  Concessionaire  If Concessionaire, are certificates of insurance on file naming the Club as additional insured? Yes  No

Gross liquor receipts (excluding non-alcoholic beverages): \_\_\_\_\_

Restaurant receipts: \_\_\_\_\_

Club's liquor license is in the name of: \_\_\_\_\_

Bar and Liquor exposures:

Have all bartenders attended a course on Dram Shop Liability (TIPS)? Yes  No

Is this an ongoing training program? Yes  No

Is there a formal training program on service to intoxicated patrons? Yes  No

Does the Club have a dance floor and offer live entertainment? Yes  No

If yes, please describe: \_\_\_\_\_

What hours are alcoholic beverages served? \_\_\_\_\_



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**13. Crime / Check Signing Procedures**

Are checks over \$2500 countersigned?      Yes     No

If no, please explain: \_\_\_\_\_

Does the Club:

Handle cash transactions  or member charges only?

Require member account numbers on all transactions?      Yes     No

Offer any credit charge facilities outside of member account charges?      Yes     No

Do special events bring in unusually large sums of cash?      Yes     No

If yes, please explain: \_\_\_\_\_

**14. Valet Parking Information**

Does the Club provide valet parking?      Yes     No     If yes, by Club Employees     Outside Contractor

If outside contractor, are certificates of insurance on file naming the Club as additional insured?      Yes     No

**15. Coastal Properties (must be completed by Clubs in coastal areas)**

Age of roof on main building: \_\_\_\_\_ Does roof meet current State codes?      Yes     No

Do you have a hurricane preparedness program?      Yes     No     *If yes, please attach*

**16. Docks, Wharves and Piers**

Does your Club have docks, wharves or piers on premises?  Yes     No

If yes, please provide the following:

Age: \_\_\_\_\_ Construction type: \_\_\_\_\_ Maintenance (describe): \_\_\_\_\_

How are they used? \_\_\_\_\_ Covered?      Yes     No

Is the replacement cost determined annually?      Yes     No     What is it? \_\_\_\_\_

**This value should be included with the Statement of Values sheet**

**17. Flood / Earthquake Coverage - If this coverage is desired, please complete the following:**

**NOTE: Flood Insurance not available in Zones A, V, or D.**

**Earthquake coverage not available in Mercalli Zones 7 or higher.**

Is Club eligible for Emergency Flood Program Insurance?      Yes     No

Is Club eligible for the National Flood Insurance Program:      Yes     No

**18. Pollution Liability Coverage (multiple coverage options available)**

Pesticide/Herbicide Applicators/Pool Chemicals Coverage?      Yes     No

If yes, are your employees licensed to apply pesticide/herbicides      Yes     No

Please provide the following:

Name(s): \_\_\_\_\_

License Number(s) \_\_\_\_\_



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

Are you requesting limited pollution liability coverage? (including off-site clean-up)    Yes     No

If yes, complete the RPS Bollinger Limited Pollution Liability Questionnaire.

Current Retro date: \_\_\_\_\_

If you would like a quote for above ground storage tanks, complete the Above Ground Tanks questionnaire and pictures must be provided.

Current Retro date: \_\_\_\_\_

### 19. Club Professional Replacement Expense Coverage

Name(s) needed to activate coverage:

Manager: \_\_\_\_\_

Golf Pro: \_\_\_\_\_

Tennis Pro: \_\_\_\_\_

### 20. Umbrella Liability

Provide a completed Acord Umbrella application

### 21. Workers Compensation

Provide a completed Acord Workers Compensation application, experience modification worksheet, and an updated 4 year loss history.

### 22. Commercial Auto

Provide a completed Acord application.

### 23. Directors & Officers Liability

Do you want this coverage quoted?    Yes     No

If yes, a RPS Bollinger Club Program D&O application must be completed

**NOTE: If written through the RPS Bollinger Program, Umbrella can become excess of the D&O coverage if requested.**

### 24. Fiduciary Liability

Do you want this coverage quoted?    Yes     No

If yes, a RPS Bollinger Fiduciary Liability questionnaire must be completed

### 25. Employee Benefits Liability

Which employee benefit programs are covered by employee benefit liability insurance?

Have there been any claims in the past 5 years made under this insurance?    Yes     No

If yes, please explain: \_\_\_\_\_

Do you have any knowledge of an occurrence that might lead to a claim under this coverage?

Yes     No     If yes, please explain: \_\_\_\_\_

Who administers your employee benefit programs and enrollment? \_\_\_\_\_

Current Retro date: \_\_\_\_\_



26. Golf Tournament/Special Event Coverage

A. Tournament/Event Cancellation Coverage

Does the club allow outings from outside parties that could be cancelled due to adverse weather? Yes [ ] No [ ]

If yes, and the club would like to insure the potential loss of income due to cancellation or postponement, provide:

Event Date(s) \_\_\_\_\_ Insured Limit Requested \_\_\_\_\_

B. Hole in One Event/Tournament Coverage

Does the club host events where coverage for "hole-in-one" contests is needed? Yes [ ] No [ ]

If yes, and coverage is requested please provide the following for each date:

Name of Tournament(s) \_\_\_\_\_

Date of Event(s) \_\_\_\_\_

# of Participants (amateurs/professionals) \_\_\_\_\_ Hole #'s \_\_\_\_\_ Yardage \_\_\_\_\_

Prize values to insure: \_\_\_\_\_

27. Babysitting/Day Care/Day Camp/Junior Programs

If clubs are going to provide babysitting, childcare, day or summer camp programs, we recommend that each program is under the direction of a Club official. From an insurance perspective, programs and activities involving children are as important as the activities of the Grounds and Golf Committees and should not be delegated.

Please check all programs that the Club offers:

Babysitting [ ] Daycare [ ] Day camp [ ] Summer camp [ ] Junior Programs [ ]

Are any of these programs outsourced: Yes [ ] No [ ] If yes, who operates the facility? \_\_\_\_\_

Do they have their own insurance? Yes [ ] No [ ]

Please complete the following:

The Board of Health may have requirements regarding the arrangement of the facility, sanitation, inspections, numbers and qualifications of caregivers, etc. Has the Club contacted the Board of Health to determine if any licenses are necessary? Yes [ ] No [ ]

Are caregivers employees of the Club? Yes [ ] No [ ] If no, do they carry their own insurance? Yes [ ] No [ ]

Caregivers must be screened very carefully. Do you require and scrutinize background checks, references, police records, etc.? Yes [ ] No [ ]

Are caregivers trained in CPR and First Aid? Yes [ ] No [ ]

What is the ratio of children to caregivers? \_\_\_\_\_

What is the children's age range? \_\_\_\_\_ What is the program's max.enrollment? \_\_\_\_\_

What are the hours of operation? \_\_\_\_\_

What is the length of time the service is offered (6 weeks, all year, etc.)? \_\_\_\_\_

Does the area have access to swift and safe emergency exits? Yes [ ] No [ ]

Describe: \_\_\_\_\_

Is the area safe - no hot steam pipes, stairs, sharp edges, etc.? Yes [ ] No [ ]

Is the service provided for members only or open to the public? \_\_\_\_\_

Are meals and/or snacks provided by the parents or the Club? \_\_\_\_\_





Must a parent or guardian be on premises at all times, or may they leave after dropping off their child? \_\_\_\_\_

How do you identify the people picking up the children? \_\_\_\_\_

How are parents or guardians notified in emergencies? \_\_\_\_\_

Do you have off-premises trips?      Yes     No       If yes, complete the following:

Average number of children per trip: \_\_\_\_\_ Age range \_\_\_\_\_ Frequency of trips \_\_\_\_\_

Location(s) traveled to; include distance traveled (miles) \_\_\_\_\_

Any overnight trips?      Yes     No

If yes, describe: \_\_\_\_\_

Describe supervision: \_\_\_\_\_

Mode of transportation: \_\_\_\_\_

Is a certificate of insurance with a hold harmless agreement from the transportation company on file with the Club?

Yes     No

Club's attorney should prepare hold harmless agreements for parents to sign. Does the Club have a rule that parents must sign the agreement before the child can travel?      Yes     No

### 28. Exercise/Spa

**NOTE: The Club must have knowledgeable and experienced staff members to supervise these operations.**

Do Club employees operate this facility?      Yes     No       If not is the operation outsourced:      Yes     No

If yes, name of company who operates the facility? \_\_\_\_\_

Do they have their own insurance with Club added as additional insured?      Yes     No

If Club employees operate this facility, indicate which nationally certified agency they are certified with.

Check all that apply:

- American College of Sports Medicine (ACSM)
- National Sports Club Association (NSCA)
- American Council on Exercise (ACE)?
- Other AFAA, CPR
- None

Are their certifications updated on a regular basis?      Yes     No

Does the Club hire certified fitness and/or aerobics instructors?      Yes     No

If yes, do they have their own insurance to run these programs and provide certificates of insurance to the Club with the Club added as additional insured?      Yes     No

**Note: Independent contractors should be required to have their own insurance and hold the Club harmless for any liability as a result of their work.**



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- Prior to first use, are members and guests instructed on using the equipment? Yes  No
- In the fitness room, are instructions on equipment use posted in clear view? Yes  No
- Is equipment maintenance done on a regular basis and well documented? Yes  No

**Note: Daily inspections should be made to prevent problems like loose screws or frayed electrical wiring that can cause electrical shock. Checklists are a good method of documenting the results.**

To reinforce employee equipment maintenance, does the Club have a qualified annual service agreement with the manufacturers and/or from the store where the equipment was purchased? Yes  No

Saunas, hot tubs, and whirlpools have the same exposures as swimming pools and should meet most of the same guidelines. In addition, is a qualified attendant available to assist patrons? Yes  No

Is the consumption of alcoholic beverages prohibited in all exercise / spa areas? Yes  No

Is the equipment NRTL listed (National Recognized Testing Laboratory)? Yes  No

To prevent hypothermia, is hot tub/whirlpool water temp maintained between 104°F & 110°F? Yes  No

Are there tanning beds? Yes  No  If yes, how many? \_\_\_\_\_

Does the Club offer any professional services? If so, please check off all services offered, or if not shown, list/explain under "other":

<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Cleansing Teeth Whitening
<input type="checkbox"/> Waxing	<input type="checkbox"/> Pilates
<input type="checkbox"/> Manicure	<input type="checkbox"/> Aerobics
<input type="checkbox"/> Pedicure	<input type="checkbox"/> Yoga
<input type="checkbox"/> Hair Cutting	<input type="checkbox"/> Nutritional Counseling
<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> Acupuncture
<input type="checkbox"/> Body Wraps	<input type="checkbox"/> Lam Probe
<input type="checkbox"/> Cosmetics/Make-up	<input type="checkbox"/> Facial Peels
<input type="checkbox"/> Facial/Scalp/Body Massage	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Other: _____	

Are these exposures performed by Club employees or independent contractors? \_\_\_\_\_

If employees, are they certified? Yes  No

If independent contractors, are they required to have their own insurance, hold the Club harmless for any liability as a result of their services and add the Club to the policy as additional insured? Yes  No



In addition to this completed and signed new business questionnaire, we require the following:

- » Completed Acord applications, signed by the broker, on all lines of business that are being submitted. The Club’s FEIN number must be included.
- » A Statement of Values sheet including a complete COPE (construction, occupancy, protection, exposure) with number of stories, square footage and year of construction for all buildings to be covered. If the main building is older than 10 years, provide renovation dates and specifics.
- » Four-year hard copy company loss runs – plus current year – for each coverage line to be quoted.
- » Most recent annual audited financials or annual income and expense statement.
- » Auto Acords must include a copy of driver(s) MVR and zip codes for each vehicle.
- » A schedule of the Club’s maintenance equipment with Replacement Cost Values.
- » Completed and signed questionnaires/applications must be provided if a quote is requested for any of the following:
  - » Limited Pollution Liability/Environmental Pollution Legal Liability
  - » Above Ground Storage Tank Liability
  - » Directors & Officers Liability (not for profit/for profit available)
  - » Fiduciary Liability

\_\_\_\_\_  
Completed by (Print or type name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature (Insured)

\_\_\_\_\_  
Date

**Contact: Club Program Division**

(P) 800.446.5311

(F) 973.467.0759

(E) Golf@RPSins.com

**Additional Comments – Use separate sheet if necessary**