

## Renewal Questionnaire

Club Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Manager or Club Contact: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please complete all sections of the questionnaire. In addition, we require the following items:**

- An Acord 125 application, signed and dated by the broker.
- An updated Statement of Values worksheet, signed and dated by the insured.
- A copy of the most recent audited financials or income and expense statement.
- A current schedule of the Club's maintenance equipment with itemized replacement cost values.
- Auto changes including an updated list of drivers.
- Provide all additional insureds, loss payees and mortgagees, along with lease/account numbers for the policy renewal period.

**1. Ownership Status Change?** Yes      No

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

Current Number of Members \_\_\_\_\_

**2. Golf**

Number of Courses \_\_\_\_\_

Number of Rounds played per year \_\_\_\_\_

Are there Professional or Major Amateur Events planned during the next year? Yes      No

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

Is the Club Professional? Independent Contractor      Club Employee

If Ind. 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      If Pro, is adequate insurance in place? Yes      No

**3. Tennis**

Is the Club Professional an Independent Contractor      or Club Employee

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

#### 4. Swimming

Any physical changes to the swimming pool area? Yes      No  
If yes, please describe \_\_\_\_\_

Any changes in the management or rules of the pool operations? Yes      No  
If yes, please describe \_\_\_\_\_

Number of certified lifeguards \_\_\_\_\_

Are individuals allowed in the pool without lifeguard supervision? Yes      No  
If yes, please describe \_\_\_\_\_

**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 \_\_\_\_\_

**5. Other Club Activities-check all that apply:      If none, check here:**

- |                     |                               |                           |
|---------------------|-------------------------------|---------------------------|
| Skeet / Trap Ranges | Snowmobiling                  | Jacuzzi / Saunas*         |
| Saddle Animals      | Cross-Country Skiing          | Steam Room*               |
| Hunting             | Downhill Skiing               | Tanning Beds*             |
| Fishing             | Barbershop / Beauty Parlor    | Fitness Trainer*          |
| Ice Skating         | Masseur / Masseur             | Day / Summer Camps**      |
| Sledding            | Health Club Facilities / Spa* | Babysitting / Childcare** |
| Playground          | Junior Programs**             |                           |

Other activities not listed above \_\_\_\_\_

*\* Exercise / Spa information - #13 must be completed*

*\*\* Babysitting / Day Care / Day Camp / Junior Programs information - #14 must be completed*

#### 6. Overnight Exposures

Are there any changes regarding overnight accommodations (if applicable)? Yes      No  
If yes, please describe \_\_\_\_\_

#### 7. Other

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

Approximate number of Members/Guests/Public who attend each event \_\_\_\_\_

Are certificates of insurance on file naming the Club as an additional insured? Yes      No

#### 8. Restaurant and/or Snack Bar

Any changes to these operations? Yes      No      If yes, describe \_\_\_\_\_

Restaurant Receipts \$ \_\_\_\_\_

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

**9. Crime / Check Signing Procedures**

Are checks over \$2500 countersigned? Yes No

Any changes to the manner in which financial transactions occur at the club? Yes No

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

**10. Valet Parking Information**

Any changes as to how valet parking is conducted? Yes No

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

**11. Pollution (Pesticide/Herbicide Liability)**

Please provide a current list of licensed employees including:

Name	License #	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any changes as to how pesticides are stored or managed? Yes No

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

Any changes or additions to above ground storage tanks? Yes No

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

**12. Club Professional Replacement Expense Coverage**

Name(s) needed to activate coverage:

Manager \_\_\_\_\_

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

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

**13. Exercise / Spa**

**Please note, the club must have knowledgeable and experienced staff members to supervise these operations.**

Do Club employees operate this facility? Yes No

If no, who operates the facility \_\_\_\_\_

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

*Include certificate with renewal documents*

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.**

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":

- |                           |                           |
|---------------------------|---------------------------|
| Microdermabrasion         | Cleansing Teeth Whitening |
| Waxing                    | Pilates                   |
| Manicure                  | Aerobics                  |
| Pedicure                  | Yoga                      |
| Hair Cutting              | Nutritional Counseling    |
| Aromatherapy              | Acupuncture               |
| Body Wraps                | Lam Probe                 |
| Cosmetics/Make-up         | Facial Peels              |
| Facial/Scalp/Body Massage | Physical Therapy          |

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

#### 14. 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

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

Does the Club operate the camps? Yes No If not, who operates and do they carry their own insurance with Club added as additional insured? Yes No *Include certificate with renewal documents*

If Club does operate the camps are caregivers employees of the Club? 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

Please 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 in 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

The 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

\_\_\_\_\_  
Completed by (Print or Type Name)

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

**Contact Information**

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