



BOLLINGER SPORTS & LEISURE

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? _____

Rev Oct. 2015

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



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



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? _____



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) _____



BOLLINGER SPORTS & LEISURE

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.



- 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) 973.921.2876

(E) Golf@RPSins.com

Additional Comments – Use separate sheet if necessary