



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, IN 46801-2338
 1-877-355-0315 Fax 1-260-459-5990
 www.kandkinsurance.com
 CA# 0334819

GOLF COURSE SUPPLEMENTAL APPLICATION

Insuring the world's fun!

1. GENERAL INFORMATION

Name of Insured: _____
 Course Manager Name: _____ Phone: (____) _____
 Contact/Inspection: _____ Phone: (____) _____
 Course Name: _____
 Club Location Address (if different than resort): _____
 Other Insureds or Interests – explain (specific to golf course?) _____
 Course Status: Private Semi-Private Public

TOTAL ANNUAL COURSE RECEIPTS

Membership Dues: \$ _____
 Green Fees: \$ _____
 Golf Cart Rental (Motorized & Pull): \$ _____
 Pro Shop Receipts (If owned): \$ _____
 Snack Shop Receipts: \$ _____
 Restaurant Receipts (Excl. Liquor): \$ _____
 Liquor Receipts: \$ _____
 Other Receipts (Explain): \$ _____

2. GENERAL LIABILITY INFORMATION:

1. How many golf holes does the course have? _____
 2. How many motorized golf carts are there? _____
 a) Are the carts paths paved? Yes No
 b) Is there a cart use/rental agreement? Yes No
 If so, provide copy.
 c) Are all drivers required to have a drivers license? Yes No
 d) Does the course require carts to cross any roads or streets? Yes No
 If so, how is that controlled? _____
 e) Are there any three wheeled golf carts? Yes No
 If so, how many? _____
 f) Is there any storage of member owned golf carts? Yes No
 g) Are any cart repairs done by employees? Yes No
 If no, who does the repairs? _____
 3. Does the course have a practice driving range? Yes No
 Are nets in place to protect any buildings, parking areas or other places that people may be? Yes No
 4. Are there any rivers, streams or ponds on the property? Yes No
 If so, are any more than three feet deep? Yes No
 5. Is cross country skiing permitted in the off-season? Yes No

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

 Applicant's Signature Date (MM/DD/YYYY)

Herbicide/Pesticide & Pool Pollution Questionnaire continues on next page.



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HERBICIDE/PESTICIDE AND POOL POLLUTION SUPPLEMENTAL APPLICATION

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Name of Insured: _____

Herbicide/Pesticide:

- 1. Do you have a herbicide/pesticide exposure? Yes No
- 2. Who applies the chemicals? _____
- 3. Are they properly trained and certified? Yes No
- 4. If your employees do the application, do they limit this to the insured's operation only? Yes No
 If not, who else do they apply chemicals for? _____
- 5. If application is subcontracted, is a certificate of insurance obtained providing the State requires coverage? Yes No
- 6. Are you named as an additional insured on the subcontractor's insurance policy? Yes No
- 7. Distance to the nearest lake or river? _____
- 8. Do operations meet all standards of any statute, ordinance, regulation or license requirement of any federal, state or local government? Yes No
- 9. What quantity of herbicides/pesticides are stored at one time? _____
- 10. Are Material Safety Data Sheets for all herbicides/pesticides maintained in a central file? Yes No
- 11. Have you had any incidents or losses related to herbicides/pesticides within the past 10 years? Yes No
- 12. How frequently are the herbicides/pesticides applied? _____

Pool Exposure (if applicable):

- 1. Do you have a pool exposure? Yes No
- 2. Who maintains the pool chemical levels? _____
- 3. Are they properly trained and certified? Yes No
- 4. If your employees maintain the chemical levels, is a log of the procedures and maintenance kept? Yes No
- 5. If daily maintenance is subcontracted, is a certificate of insurance obtained providing the state required coverage? Yes No
- 6. Are you named as an additional insured on the subcontractor's insurance policy? Yes No

Please list the limits of liability the subcontractors for the above exposures currently carry. _____

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Applicant's Signature _____

Date (MM/DD/YYYY) _____