



**James River Insurance Company
and its Subsidiaries**
6641 West Broad Street, Suite 300
Richmond, VA 23230

**Country Club
Supplemental Application**
**SPORTS & ENTERTAINMENT
Division**

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

Additional information required for this submission:

- ACORD application
- Five years of currently valued carrier loss runs
- Copy of membership agreement
- Facility rental agreement (if applicable)
- Hold harmless agreement & certificate of insurance (if you sublease space)

SECTION I – GENERAL INFORMATION

Applicant name:			
Address:			
City:		State:	Zip:
Physical Address (if different from mailing):			
Phone:		Ext:	Website:
Inspection Contact:		Phone:	Email:
Audit Contact:		Phone:	Email:
Type of enterprise:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:	<input type="checkbox"/> Individual <input type="checkbox"/> Government	<input type="checkbox"/> Joint venture <input type="checkbox"/> Non profit <input type="checkbox"/> Partnership <input type="checkbox"/> Limited partnership
Is the country club part of an HOA?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II – OPERATING INFORMATION

1. Years of operation under present owner:			
2. Facility type (check one): Public <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private <input type="checkbox"/>			
3. Number of members:			
4. Number of holes:			
5. Number of annual rounds played:			
6. Percentage of rounds by:			
	Cart	%	Walking %
7. Provide annual gross receipts from the following:			
Memberships (incl. annual fees & dues)	\$	Food:	
Green Fees	\$	Snack/Concession	\$
Cart Rental Fees	\$	Restaurant/Dining	\$
Other Golf (practice facilities, lessons, lockers, misc. tournament)	\$	Liquor	\$
Pro Shop	\$	Tennis	\$
Banquet/event	\$	Other income (describe):	\$
Total gross receipts:			\$
8. Is the Applicant seeking pesticide or herbicide coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has the Applicant had any pollution related losses within the past 5 years? If "Yes", please describe:			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the facility provide golf carts?			<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Min. age required to use/operate a golf cart?			

12. Are users required to sign a rental agreement? (If "Yes", provide a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
13. Does the Applicant provide Golf Boards, Golf Skate Caddy (GSC), Segway, or similar motorized devices other than traditional golf carts?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
14. Are any amateur or professional tour events held on property that draw more than 100 spectators? If "Yes", please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
15. Other Amenities (check all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Lodging</td> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 10%;"><input type="checkbox"/> No</td> <td style="width: 33%;">Beauty Salon/Day Spa</td> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 10%;"><input type="checkbox"/> No</td> </tr> <tr> <td>Tennis</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Dining</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Fitness Center</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Banquets/3rd Party Events</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Swimming</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Pro Shop</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Hot Tubs</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Child Care</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Saunas/Steam Rooms</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td>Valet Parking</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td colspan="6">Other (describe):</td> </tr> </table>		Lodging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Beauty Salon/Day Spa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tennis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dining	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fitness Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Banquets/3 rd Party Events	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swimming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pro Shop	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hot Tubs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Child Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Saunas/Steam Rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Valet Parking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (describe):					
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16. Any operations conducted by independent contractors? If "Yes", explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
17. Does the Applicant require a hold harmless agreement and proof on insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										
18. How many third-party events (weddings, birthdays, corporate functions) are held on the Applicant's premises annually?																																											
19. Do event holders sign a facility use agreement and provide evidence of insurance for their event and name Applicant as additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																										

SECTION III – RESTAURANT INFORMATION

1. What type of dining operations does the Applicant offer (check all the apply):	
Snack & Beverage Cart <input type="checkbox"/> Yes <input type="checkbox"/> No Pub/Bar/Tavern <input type="checkbox"/> Yes <input type="checkbox"/> No	Quick Serve Counter <input type="checkbox"/> Yes <input type="checkbox"/> No Formal Dining <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the Applicant have live entertainment? If "Yes", explain the type & frequency of entertainment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a dance floor/Is dancing permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the Applicant seeking coverage for liquor liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Identify the formal alcohol awareness training program that bartenders & servers are required to complete.	
6. If the Applicant's liquor license has been suspended or revoked, if there have been prior liquor claims or their liquor insurance was cancelled within the past 5 years please explain.	

SECTION IV – FITNESS INFORMATION

1. Provide the square footage of the fitness facility:	Sq. Ft.
2. What are the daily hours of operation?	
3. Is the fitness center staffed during all hours of operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What fitness equipment is available for use?	
5. What types of group classes are offered?	
6. Are fitness training services provided by certified personal trainers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are minors permitted to use the facility without parent/guardian? If "Yes", what is the min. age for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VIII – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association/society. I agree to cooperate with these committees.

NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

☐ ***I have read the statements above, understand their meaning and agree.***

Applicant's signature:

Date:

Applicant's name:

Applicant's title: