



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

GOLF ACADEMIES AND FACILITIES APPLICATION

SUBMISSION REQUIREMENTS

- Completed, currently signed and dated application
- Complete ACORD applications for all lines of coverage not captured below
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- Copy of Waiver of Liability used
- Latest annual income statement for operations in business for three (3) years or less
- New Operations – resume or narrative of Golf Operation / Management Experience / Budget / Business Plan and Pro Forma Financials

ACCOUNT INFORMATION

Applicant Name:
 Facility Name:
 Mailing Address:
 Physical Address if different:
 Contact Phone: _____ E-mail address: _____
 Risk Management Contact: _____ Risk Management's Phone: _____
 Risk Management Email: _____
 Web Address: www. _____ FEIN: _____
 Applicant is: Franchise Partnership Corporation LLC Other:
 Date Business Started: _____ Months of Operation: _____
 Policy Period: From: _____ To: _____
 Are you open year round? Yes No **If not, what is your open season?**

LOSS HISTORY (CURRENT YEAR AND PRIOR THREE YEARS)

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	ACTION TAKEN TO AVOID SIMILAR LOSS
		\$	
		\$	
		\$	
		\$	

GENERAL LIABILITY

	LIMITS OF LIABILITY
General Aggregate	\$2,000,000
Products & Completed Operations	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Damage to Rented Premises	\$100,000
Medical Payments	\$1,000

GROSS ANNUAL RECEIPTS

Driving Range, including Lessons	\$
Golf/ Pro Shop including repair	\$
Golf Cart Rentals	\$
Food and Soft Drinks	\$
Alcoholic Beverages	\$
All Other Golf Receipts	\$
Other (describe):	\$
TOTAL:	\$

- | | | | | |
|---|---------|---------|-------------------|----------------|
| 20. Netting / and/or lighting: | \$ | | | |
| 21. If you lease, improvements or betterments: | \$ | | | |
| 22. Property of Others in your care, custody and control: | \$ | | | |
| 23. Coinsurance used: | 100% | 90% | 80% | |
| 24. Deductible: | \$1,000 | \$2,500 | | |
| 25. Sign coverage for signs over 1,000 feet from the building: | \$ | | | |
| 26. Do you occupy 100% of the building? If no, please describe: | | | Yes | No |
| | | | | |
| 27. Number of golf holes: | | | | |
| 28. Are there security cameras on the property and in the buildings?
If yes, where are they located: | | | Yes | No |
| 29. Does the Pro Shop have central station burglar alarm? | | | Yes | No |
| 30. Where is the maintenance equipment stored? | | | | |
| 31. Do you sell non-golf sporting goods?
If yes, what: | | | Yes | No |
| 32. Do you have any air-supported or fabric buildings?
Heated?
Lighted for night use? | | | Yes
Yes
Yes | No
No
No |
| 33. Do you rent the facility for private parties?
If yes, is outside alcohol permitted? | | | Yes
Yes | No
No |
| 34. Please describe any amusement rides, devices, batting cages on premises: | | | | |
| | | | | |
| 35. Is the range area covered? | | N/A | Yes | No |

PLEASE COMPLETE IF YOU SERVE FOOD AND BEVERAGES (skip if not applicable)

FOOD AND BEVERAGES

- | | | | | |
|---|--|--|-----|----|
| 1. Do you operate a concession / snack bar / restaurant? | | | Yes | No |
| 2. Do you serve alcohol?
If yes, please provide:
Liquor License #: Liquor class: Name on License: | | | Yes | No |
| Has your license ever been revoked or suspended? | | | Yes | No |
| Have you ever been issued a citation or violation? | | | Yes | No |
| Please advise if all servers have completed alcohol awareness program
i.e. TIPS/TAMS. | | | Yes | No |
| 3. Is the concession/snack bar/restaurant contracted to others?
What type of food is served: | | | Yes | No |
| | | | | |
| Are there fryers or grills? | | | Yes | No |
| Are there fire extinguishing systems installed over the cooking equipment? | | | Yes | No |
| Do you have portable fire extinguishers? | | | Yes | No |
| Is there a regular schedule with a cleaning contractor to clean hoods, ducts, and filters?
If yes, how often? | | | Yes | No |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)