

Affinity Club Links Application



Club Name _____

Additional Insureds _____

Mailing Address _____

City _____

State _____

Zip _____

Location 1 _____

Location 2 _____

Location 3 _____

Location 4 _____

Location 5 _____

Phone Number _____

Website _____

Club Contact _____

Email Address _____

Effective Date _____

Federal ID # _____

Private or Semi-Private _____

Member Count _____

Employee Count (FT and PT) _____

Tax Status _____

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Clubhouse:

- Is the Clubhouse equipped with Central Station heat and smoke detection? YES NO
- Sprinkler System? YES NO
- Is the Kitchen equipped with automatic extinguishing system? YES NO
- Are the kitchen ducts cleaned regularly? YES NO
- Does the extinguishing system have a manual release away from the cooking area? YES NO
- Is the clubhouse closed during the off-season? YES NO
- Does the club have a lightning detection system? YES NO
- Does the club have any seasonal awnings / canopies? YES NO
- Does the club require earthquake insurance? YES NO
- Does the club require flood insurance? YES NO
- Do all pools and related equipment (diving boards) conform to local and state regulations? YES NO

Golf:

- Number of Holes? _____
- Number of Carts? _____
- Carts owned or Leased? _____
- Where are the carts stored? _____
- Are carts gas or electric? _____
- Is Golf Pro a club employee? Or independent contractor? _____

Tennis:

- Number of outdoor / indoor courts? _____
- Are courts lighted for nighttime play? YES NO
- Are there any tennis bubbles? YES NO

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Swimming:

Number of pools? _____

Are all pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act?

YES NO

Number of lifeguards? _____

Are lifeguards required to be on duty whenever the pool is being used?

YES NO

Is the pool fenced?

YES NO

Are pool rules posted?

YES NO

Any diving boards?

YES NO

Depth of pool in diving area? _____

Any water slides?

YES NO

Is the water tested daily?

YES NO

Other Club Activities (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Barber Shop | <input type="checkbox"/> Marina | <input type="checkbox"/> Tanning Beds |
| <input type="checkbox"/> Beach Front | <input type="checkbox"/> Skiing | <input type="checkbox"/> Trap/Skeet Shooting |
| <input type="checkbox"/> Equestrian Facility | <input type="checkbox"/> Sledding | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Fitness Facility | <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Spa/Masseuse | <input type="checkbox"/> Racquet Ball/Squash |
| <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Steam Room/Sauna | <input type="checkbox"/> Other Describe Below |

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General Liability:

Membership Dues \$ _____

Greens Fees \$ _____

Cart Fees \$ _____

Restaurant Sales \$ _____

Liquor Sales \$ _____

Pro Shop Sales \$ _____

Rounds of Golf per year _____

Are there any dwellings on the grounds? YES NO

If yes, who resides there? _____

How many means of egress in each dwelling? _____

Do the dwellings have smoke detectors? YES NO

Does the club have a playground? YES NO

Does the club have firework displays YES NO

If yes, is the display done by a third party? YES NO

If yes, are certificates of insurance collected? YES NO

Does the club have automatic external defibrillators? YES NO

Is key staff annually trained/certified in CPR? YES NO

Day Camp / Junior Programs:

Does the club run any day camp or junior programs? YES NO

Is the program available to members only? YES NO

Are background checks done on all counselors? YES NO

Do participants travel to other venues? YES NO

Day Care Services:

Does the club offer day care services? YES NO

Is the program available for members only? YES NO

Is the service offered year round? YES NO

Must a parent or guardian be on premises? Or may they leave? YES NO

What is the maximum enrollment of the program? _____

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Restaurant / Banquet Facility:

Is the Restaurant / Banquet Facility run by the club or a concessionaire? _____

Are certificates naming the club additional insured kept for concessionaires? YES NO

Number of events per year in the banquet facility? _____

Name on Club Liquor License _____

Does the club offer TIPS training? YES NO

Does the club have a procedure for intoxicated guests? YES NO

Hours liquor is served? _____

Pesticide / Herbicide / Pool Chemical Application/Storage Tanks:

Are employees licensed to apply Pesticides / Herbicides? YES NO

Any licensed independent contractors used? YES NO

Are chemicals stored in a locked facility? YES NO

Are records kept of chemical application? YES NO

Pesticide Applicators Retroactive Date: _____

of Above Ground Storage Tanks (Gas, Diesel or Oil) _____

Does the club have any Underground Storage Tanks? YES NO

Automobile Liability:

Does the club offer valet service? YES NO

Are any club vehicles used by employees for personal use? YES NO

YES NO

Excess Liability:

Limit of Liability _____

Crime:

Bank accounts reconciled by someone not authorized to deposit or withdraw funds YES NO

Is counter-signature on checks required? YES NO

YES NO

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Workers' Compensation

Class	Payroll	FT Employees	PT Employees
9060 - Country Club			
8810 - Clerical			

Historical Information	Payroll	Premium
Previous Year		
2 years ago		
3 years ago		
4 years ago		
5 years ago		

- Is there a formal safety program? YES NO
- Are respiratory and other PPE required? YES NO
- Are written records of compliance with OSHA standards maintained? YES NO
- Are employees provided with information on work comp pre and post injury procedures? YES NO
- Do employees use personal vehicles for company business? YES NO
- Group medical provided? YES NO
- Do you currently participate in a Medical Provider Network? YES NO
- Pre hire drug testing performed? YES NO
- Post Accident drug testing? YES NO
- Criminal background checks? YES NO
- Is there a formal written accident report? YES NO
- Is job specific training provided? YES NO
- Is any work done above ground? Tree pruning, etc.? YES NO

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The following information is required with all submissions:

1. Signed Statement of Values (needs to include):
 - a. All building & property values
 - b. Construction of buildings
 - c. Square footage of clubhouse
 - d. Business Income Limit
2. Maintenance Equipment Schedule (needs to include)
 - a. Value of all mobile equipment
 - b. Value of golf carts
3. Five (5) years of loss runs for applicable lines of business being quoted
4. Financial Statement
5. Schedule of owned vehicles
6. Schedule of drivers (driver license #'s to be included)
7. Schedule of storage tanks (gas, diesel and oil only), list must include:
 - a. Date of Installation
 - b. Contents
 - c. Capacity
 - d. Construction

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Signature Page

APPLICANT FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means 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 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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NOTICE TO PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: **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.**

Automobile Insurance: **Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.**

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

NOTICE TO TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation **It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

Workers' Compensation: **It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.**

NOTICE TO UTAH APPLICANTS: Workers' Compensation: **Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.**

NOTICE TO VIRGINIA APPLICANTS: **It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

NOTICE TO WASHINGTON APPLICANTS: **It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

NOTICE TO WEST VIRGINIA APPLICANTS: **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

NOTICE TO ALL OTHER STATES: **Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.**

(Applicant Fraud Language last updated 12/11 using Notice to Policyholders PN CW 01 1211)

Application by prepared by (print name): _____

Signature: _____

Date: _____

Club President or Owner Name (print): _____

Title: _____

Signature: _____

Date: _____