



**GOLF RANGES AND MINIATURE GOLF
SUPPLEMENTAL APPLICATION**

Submission Requirements:

- Completed ACORD Application(s)
- Brochure
- Latest Annual Revenue & Expense Statement
- Color Photos (Interior and Exterior)
- Currently valued insurance company loss runs for the current policy period plus three prior years

Applicant Name:

Facility Name:

Mailing Address:

Contact Phone:

Web Address: www.

Applicant is: Franchise Partnership Corporation Other:

FEIN:

SIC Code:

Policy Effective Date:

ITEMIZED RECEIPTS:

Driving Range:	\$
Miniature Golf:	\$
Batting Cages:	\$
Game Room:	\$
Pro Shop:	\$
Food:	\$
Non-Alcoholic Beverages:	\$
Alcoholic Beverages:	\$
Other:	\$
TOTAL:	\$

- | | | | | | |
|----|--|-----------------------|------------------|-----|----|
| 1. | Staff: Number of Full -Time: | Number of Part -Time: | | | |
| | Ages: Under 18 yrs. old | 18-25 yrs. old | Over 25 yrs. old | | |
| 2. | Is golf professional an employee: | | N/A | Yes | No |
| | If no, do they furnish a certificate of insurance? | | | Yes | No |
| 3. | Do you operate a pro shop? | | | Yes | No |
| | If yes, do you custom fit or manufacture clubs? | | | Yes | No |
| 4. | Do you sell non-golf sporting goods? | | | Yes | No |
| | If yes, what sports: | | | | |
| 5. | Do you provide lessons or electronic coaching? | | | Yes | No |
| 6. | Are you open year round? | | | Yes | No |
| | If no, what is your open season? | | | | |
| 7. | Do you have any air-supported or fabric buildings? | | | Yes | No |

- | | | | | |
|-----|---|-----|-------------------|----------------|
| 8. | Is the range area covered?
Heated?
Lighted for night use? | N/A | Yes
Yes
Yes | No
No
No |
| 9. | Do you rent the facility for private parties?
If yes, is outside alcohol permitted? | | Yes
Yes | No
No |
| 10. | Do you have batting cages?
If yes, are batting helmets required and provided?
Is the batting area supervised? | | Yes
Yes
Yes | No
No
No |
| 11. | Do you have amusement rides on premises?
If yes, describe: | | Yes | No |
| 12. | Do you have trampolines on premises? | | Yes | No |

FOOD AND BEVERAGES:

- | | | | | | |
|----|---|--------------|---------------------------|------------------|---------------------|
| 1. | Who operates the concession? | You | Sub-Contractor | | |
| 2. | List types of food/ beverages sold: | | | | |
| 3. | Cooking Equipment?
Fuel? | Grill
Gas | Deep Fat Fryer
Propane | Oven
Electric | Microwave
Other: |
| 4. | Are grills and deep fat fryers equipped with hoods, fuel automatic fire suppression systems and/or automatic shutoff controls? | | | | Yes No |
| 5. | How often is the system cleaned? | Bi-Monthly | Monthly | Quarterly | Semi-Annual Other: |
| 6. | Do you have a liquor license?
If yes, and if liquor liability is requested, please complete the Liquor Liability Supplemental Application | | | | Yes No |

Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Fraud Notice

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

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 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 MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 NEBRASKA AND OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

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 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 MAINE AND 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 OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

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 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 TENNESSEE 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."

Insured Signature : _____ Date:
Agent Signature: _____ Date: