

JBL Trinity Group, Ltd.

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JBL Trinity West, Ltd.

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APPLICATION FOR GOLF ENTERPRISES

GENERAL

Named Insured: _____

Corporate Name: _____

Location Address: _____

City: _____ ST: _____ ZIP: _____

Mailing Address: _____

City: _____ ST: _____ ZIP: _____

Facility Phone: (____) _____ Office Phone: (____) _____

Home Phone: (____) _____ Fax Number: (____) _____

Applicant is: Individual Corporation Partnership Franchise Other:

Is applicant owner or lessee of the premises (circle one): Owner Lessee

Owner's Name: _____ Yrs in business: _____ Yrs Experience: _____

Social Security number or Corporate Tax ID number: _____

POLICY ISSUANCE INFORMATION

Date you want coverage to begin: _____

Limits of liability desired: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000 Other:

GROSS RECEIPTS

Annual Gross Receipts (all income):

a. Miniature Golf: \$ _____	f. Alcohol: \$ _____
b. Driving Range: \$ _____	g. Other _____: \$ _____
c. Executive/Par3: \$ _____	h. Other _____: \$ _____
d. Snack Bar: \$ _____	i. Other _____: \$ _____
e. Video Games: \$ _____	j. TOTAL: \$ _____

MANAGER INFORMATION

Manager's Name: _____

Phone Number: (____) _____ Yrs. Experience: _____

COURSE INFORMATION

Course Material: _____

Age of Course: _____ Date Last Resurfaced: _____

Number of holes: _____

EMERGENCY INFORMATION

Do you have written emergency procedures and evacuation plans for your employees? Yes No

If Yes, please attach a copy.

How often is premises safety inspection made by yourself or your staff?

How many of your employees are certified in first aid?

How many emergency lights do you have?

How often are they tested and serviced?

Total number of staff: Full Time _____ Part Time _____

Do you hire security personnel for busy sessions? Yes No

Any picnic facilities, playgrounds, campgrounds or other areas? Yes No

If Yes, please explain on a separate sheet of paper.

Do you rent equipment for use outside of this course? Yes No

Does your business provide any transportation services? Yes No

How many exits are on the premises? _____ Are they locked? Yes No

Are panic bars used on the exit doors? Yes No

Are safety/emergency lights installed and tested regularly? Yes No

Describe any special event not directly related to the normal conduct of business that might be held at this facility: _____

Is the parking lot in good repair, adequately lighted, and traffic patterns clearly marked? Yes No

EXPOSURES

Is the golf course surrounded by a barrier fence? Yes No

If Yes, please describe height and construction material: _____

What is the maximum number of participants the course will accommodate? _____

Do you have a written maintenance log for mechanical equipment? Yes No

Do you rent the course out to private groups? Yes No

If food and drinks are allowed on the course, how are spills and accident situations handled by your employees: _____

Please estimate the number of your customers on this course that are:

Pre-teens _____% Teens _____% Adults _____%

At what age may children play without supervision? _____

What type of prizes are offered by the course in any skill game? _____

Is a local Department of Health Inspection Certificate on display at each location? Yes No

How often are putting surfaces swept or vacuumed? _____

Is outside mechanical equipment properly grounded electrically? Yes No

Do you have instructional signs posted establishing safety rules for your customers? Yes No

How often are customer restrooms cleaned? _____

EXPOSURES (cont'd)

What is your procedure in lightning/wind/thunderstorm? _____

Is a first aid kit maintained on the premises? Yes No

Are video games maintained and properly grounded? Yes No

Do you have outside maintenance companies service the video and mechanical
golf course equipment: Yes No

Are adequate safeguards maintained? (i.e. handrails secure, carpets glued
to prevent tripping) Yes No

Do you have adequate refuse containers throughout the course? Yes No

DRIVING RANGE

Number of stalls/mats: _____

Provide a diagram showing arrangement of stalls/mats and fences or other devices designed to protect others using the range, golfing on an adjacent course, or the general public from errant golf balls. Include range boundaries and distance to where the general public or their property would logically occupy.

LOSS HISTORY

Please attach a copy of your loss history or list below all previous and pending claims for the **Past Five (5) Years**. Be sure to include whether or not you had insurance, the date of the incident, the date of the settlement, the name of the insurance carrier, a brief description of the incident and injury, and the settlement amount. If you have had **“NO CLAIMS”** please indicate so.

<u>CLAIMANT</u>	<u>D/O/L</u>	<u>INS.CO.</u>	<u>INJURY</u>	<u>BRIEF DESCRIPTION</u>	<u>AMOUNT</u>

Any person who knowingly and with the intent to defraud any insurance company or other persons, or 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 act, which is a crime, subject to criminal prosecution and civil penalties.

The submission of this insurance application does not create insurance coverage. The insurance coverage begins only if the insurance company issues a policy.

APPLICANT (Please print or type): _____

(Signature) (Title) (Date)