

Golf Simulator Application for Insurance

Please complete this fillable application in your PDF viewer. All questions must be answered; incomplete applications may delay the quoting process. Use the comment or additional-pages field at the end of each section for any overflow.

COMPLETE SUBMISSION REQUIREMENTS

Please submit the following with this application:

- Completed & signed ACORD 125 and ACORD 126 applications
- Completed carrier or MGA supplemental questionnaire, if required
- 5 years of currently-valued loss runs
- Copy of current participant waivers
- Copy of Employee Training, Safety, and Maintenance Manuals
- Copy of Daily Maintenance Checklist / Logs
- Copy of Incident Report Form
- Website information, brochures, and/or photos of each activity area
- Copy of any existing State Certifications and/or Inspections (if applicable)
- Ownership Breakdown, Experience, and/or Resume
- Certificate of Insurance from any Subcontractor and/or Independent Contractor
- Copy of all agreements including Lease Agreements, Subcontractor Agreements, etc.

SECTION I. GENERAL INFORMATION

Contact Person	Title	
Phone Number	Email	Website
Name of Insured (Applicant)		
DBA	Entity Type (Corp / LLC / Other)	
Mailing Address		
City, State, Zip		
Premises Address (if different)		
City, State, Zip		
Is the proposed insured a subsidiary of another company?	Yes	No

If yes, name of parent company

Does facility comply with ADA requirements?

Yes

No

Square Footage – Indoor

Outdoor

Acreage

Number of years in business

Years under current management

SECTION II. COVERAGE & PRIOR INSURANCE

Proposed Effective Date

Expiration Date

Prior Insurance Carrier

Has insurance ever been canceled, non-renewed, or declined?

Yes

No

If yes, please explain

Expiring GL Premium

Expiring Excess/Umbrella Premium

Limits Requested

Associations / Professional Memberships

Hours of Operation

Operating Season

Are you aware of any circumstances that may result in a claim against you?

Yes

No

If yes, please describe

SECTION III. PREMISES INFORMATION

Do you own or lease the premises?

Own

Lease

Other occupancies at location (if any)

Describe parking facilities (location, lighting, slope, etc.)

Describe security for parking and facility (armed/unarmed, hours, etc.)

If hired security, is a COI provided naming you as additional insured? Yes No

If security is in-house, what type of training is provided?

Is Assumption of Risk signage present? Yes No

If yes, describe type, location, and attach photos

Are waivers signed for any activities (simulators, lessons, leagues)? Yes No

If yes, which activities?

Cameras – Inside	Outside	Total	System Name
------------------	---------	-------	-------------

How long is video stored?

Does surveillance capture waivers being signed? Yes No

Number of employees certified in CPR & First Aid

Is at least one CPR/First-Aid-certified employee present at all times? Yes No

Describe medical facilities provided

Describe how injuries and medical emergencies are handled and by whom

Are there any employed nurses or physicians? Yes No

Any operations sold, acquired, or discontinued in the last 5 years? Yes No

If yes, describe

Any storage, disposal, discharge, or transport of hazardous materials? Yes No

If yes, describe

Do all attractions, equipment, and fencing meet applicable ASTM standards? Yes No

Do you sponsor sporting events, competitions, or tournaments? Yes No

If yes, explain

Do you host any special and/or live events?

Yes

No

If yes, describe

Do you have any interest in Active Shooter coverage?

Yes

No

SECTION IV. FINANCIAL INFORMATION

Must provide current financial statement to verify receipts.

Total Gross Receipts (current year)

Estimated Next Year Gross Receipts

Average Annual Attendance

Total Members (if membership model)

Revenue Breakdown by Activity

Activity	Revenue (\$)	Activity	Revenue (\$)
Golf Simulators (rounds)		Food & Non-Alcoholic Beverage	
Golf Simulators (memberships)		Liquor / Alcoholic Beverage	
Golf Lessons / Instruction		Merchandise / Pro Shop	
League Play		Event / Private Rentals	
Driving Range (if applicable)		Other:	
Mini-Golf (if applicable)		Other:	

NOTE: This is a scheduled policy — all activities to be covered must be listed on the policy. List any additional activities not captured above:

Additional activities

SECTION V. GOLF SIMULATOR OPERATIONS

A. Simulator Equipment & Setup

Simulator Manufacturer / System (e.g., TrackMan, Foresight, Full Swing, SkyTrak, Uneekor)

Number of Simulator Bays

Year Equipment Installed

Avg Sessions per Day

Screen / Enclosure Type (impact screen, retractable netting, etc.)

Describe bay separation / protective barriers between bays

Are bay partitions floor to ceiling? Yes No

Is protective netting / screen inspected regularly for wear or damage? Yes No

How often, and by whom?

Are real golf balls used? Yes No

Are foam / limited-flight balls used? Yes No

Are patrons permitted to bring their own clubs? Yes No

Are club rentals available? Yes No

B. Rounds, Lessons & Memberships

Do you offer pay-per-round / hourly simulator access? Yes No

Typical session length

Average price per hour

Max players per bay

Do you offer memberships with recurring simulator access? Yes No

Number of active members

Membership tiers / types

Describe membership terms (monthly, annual, unlimited hours, reservations, etc.)

Do you allow 24/7 or unattended member access (keycard/app entry)? Yes No

If yes, describe supervision, monitoring, and emergency protocols

Do you offer golf instruction / lessons? Yes No

Number of instructors

W-2 or 1099?

PGA Certified? (Y/N)

Do instructors carry their own Professional Liability / E&O coverage? Yes No

Do you host leagues or tournaments? Yes No

If yes, describe format, frequency, and participant count

SECTION VI. ADDITIONAL OUTDOOR / HYBRID EXPOSURES (IF APPLICABLE)

C. Outdoor Driving Range

N/A — no outdoor driving range

Number of stalls

Number of levels (if multi-tier)

Net height (ft)

Are there partitions between stalls?

Yes

No

Partition height (ft)

Partition width (ft)

Distance between partitions

Partition construction (material)

Describe safety features preventing falls from multi-level facility

Do you sponsor professional events or events with 250+ attendees?

Yes

No

If yes, describe

D. Miniature Golf

N/A — no miniature golf

Course manufacturer / developer

Number of courses

Number of holes

Elevation low-to-high (ft)

Are walkways clearly marked, especially at stairs?

Yes

No

Are warning signs displayed throughout the course and at hole #1?

Yes

No

Do all water features / fountains have GFCIs?

Yes

No

Are all putters rubber-protected?

Yes

No

Describe lighting (type and hours)

SECTION VII. FOOD & BEVERAGE OPERATIONS

E. Restaurant / Bar / Snack Bar

Food/Beverage Operation: Full-Service Restaurant Bar / Lounge Snack Bar Lessor's Risk None

Food & beverage area (sq ft)

Seating capacity

Is the food area leased or subcontracted out? Yes No

If leased, does insured receive a COI as additional insured? (attach contract) Yes No

Are alcoholic beverages sold on premises (beer, wine, liquor)? Yes No

% of sales from alcohol

Liquor license type

State license #

Is TIPS or equivalent responsible alcohol service training required for staff? Yes No

Do you have a separate Liquor Liability policy? Yes No

If yes, carrier and limits

Kitchen / Cooking Exposure

Are portable fire extinguishers provided in the kitchen? Yes No

Who cleans hoods and ducts?

How often?

Are cleaning records kept? Yes No

Deep Fryers (#)

Ovens (#)

Grills (#)

Broilers (#)

Ranges (#)

Describe kitchen maintenance / inspection procedures

Have there been any issues with state health or fire inspections? Yes No

If yes, explain

SECTION VIII. MERCHANDISE / PRO SHOP

F. Retail Operations

N/A — no merchandise sales

Do you sell merchandise on premises? Yes No

Retail square footage

% of total revenue from merchandise

Avg annual receipts

Types of merchandise sold (apparel, clubs, balls, accessories, food items, etc.)

Do you sell used or refurbished golf equipment? Yes No

Do you sell products under your own brand name / private label?	Yes	No
Do you offer club fitting or custom club-building services?	Yes	No
If yes, describe		

SECTION IX. EVENTS, PRIVATE RENTALS & GROUP BOOKINGS

Do you rent your facility for private events?	Yes	No			
<table border="0"> <tr> <td>Avg private events per month</td> <td>Max attendance per event</td> <td>Avg attendance</td> </tr> </table>	Avg private events per month	Max attendance per event	Avg attendance		
Avg private events per month	Max attendance per event	Avg attendance			
Are alcoholic beverages served at private events?	Yes	No			
Do you require signed rental agreements and COIs from outside vendors?	Yes	No			
Describe typical event setup (catering, DJ, bartender, etc.)					
Do you host corporate team-building or league events?	Yes	No			
Do you allow minors on premises unaccompanied?	Yes	No			
If yes, describe supervision policy					

SECTION X. HIRED & NON-OWNED AUTO

Do you have a Business Auto Policy for owned vehicles?	Yes	No			
<i>Note: Coverage for owned autos should be placed with your auto carrier.</i>					
Do employees use personal vehicles for business purposes?	Yes	No			
<table border="0"> <tr> <td>If yes, how often?</td> <td>Total employees</td> <td>Total volunteers</td> </tr> </table>	If yes, how often?	Total employees	Total volunteers		
If yes, how often?	Total employees	Total volunteers			
Does insured obtain Motor Vehicle Reports (MVRs) on drivers?	Yes	No			
If yes, how often?					
Minimum auto liability limits required of employees/volunteers					
How often does insured lease, borrow, or hire vehicles?					
Vehicle types used and purpose					

APPLICANT ACKNOWLEDGMENT & SIGNATURE

The undersigned declares that to the best of their knowledge the statements herein are true. Signing of this application does not bind the undersigned to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and this application will be attached to and become part of such policy if issued. Underwriters are authorized to make any investigation and inquiry in connection with this application as they may deem necessary.

It is warranted that the particulars and statements contained in this application and any materials submitted herewith (which shall be retained on file by Underwriters and shall be deemed attached hereto as if physically attached) are the basis for the proposed policy and are to be considered as incorporated into and constituting a part of the proposed policy.

It is agreed that in the event of any material change in the answers to the questions contained herein prior to the effective date of the policy, the applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

Applicant:

Printed Name

Date

Title

X

Applicant Signature

Submitted by (Producer):

Producer Name

Agency Name

Agent License #

Date

CoverMyNiche — Your Digital Wholesale Platform for Niche Risks

Submit completed applications and submission requirements to your CoverMyNiche producer. Questions? Visit covermyniche.com