



GENERAL EXPOSURES					Guideline
1.					Must be referred if any "Other Revenue"
	Number of Holes	\$	Revenue from Food		
	Annual Rounds of Play	\$	Revenue from Alcohol		
\$	Greens Fees/Dues Revenue	\$	Pro Shop Revenue (Including carts, range & other golf, tennis & swimming related income)		
\$	Guest Room Revenue	\$	Other Revenue (Please Describe):		
2. Does the applicant have any of the following operations (If so please remark below):					Must be referred if any of these options are selected.
<input type="checkbox"/> Health/Beauty Spa <input type="checkbox"/> Skiing <input type="checkbox"/> Marina/Dock <input type="checkbox"/> Watercraft / Jet Ski <input type="checkbox"/> Equestrian <input type="checkbox"/> Snowmobiling <input type="checkbox"/> Hunting <input type="checkbox"/> Shooting Skeet/Trap <input type="checkbox"/> Tanning Beds <input type="checkbox"/> Private Beach					
3. Does the applicant provide transportation directly or by sub-contract to any 3rd parties (either for a fee or not)? (example: courtesy cars for golf tournaments or busing of campers)					
4. Does the applicant have a policy prohibiting 3 rd party sale or distribution of alcohol? (example: promotional booths serving free drinks at tournaments or outings)					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5. Does the applicant host any PGA tournaments or other events with large galleries or crowds?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Does the applicant require certificates of insurance naming the applicant as an additional insured from all 3 rd parties working on the applicant's premises or providing services or products to the applicant?					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
7. If applicant has any locations with underground storage tanks is there any interest in obtaining a quote with ACE TankSafe SM (www.acetanksafe.com)				If "YES", and you would like a quote please send a request to Submissions@NewMarketsAgency.com	
SWIMMING POOLS					
8. Number of Pools:					May be used in the future for rating purposes
9. Are all pools fenced with self-latching gates which are locked when not open?					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
10. Do any of the pools have diving boards? Please provide height of board and depth of pool below.					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
11. Are lifeguards on duty at all times that a pool is open? Please provide details on rules of usage if answer is NO.					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Controls must be in place including Swim at Own Risk signs and waivers.
12. Are minors allowed to use the pool when lifeguards are NOT on duty?					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
13. If lifeguards are sub-contracted from a 3 rd party what are the limits of insurance required by annual COI?					\$ 1,000,000 Minimum
RESTAURANT OPERATIONS & LIQUOR LIABILITY					
14. Total Revenue generated from the sale of liquor consumed on the applicant's premises:					\$ Used in rating



15. Total revenue generated from sale of liquor sold directly to the public at the applicant's premises but NOT consumed on the applicant's premises:	\$ Used in rating
16. Does the applicant have any locations in Alabama, Alaska, Washington DC or Vermont at which they sell or provide liquor directly to the public or 3rd parties?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
17. Does the applicant have any locations in Connecticut , Hawaii , Indiana , Iowa , Michigan , Montana , New Hampshire , New Mexico , New York , North Carolina , Oklahoma , Pennsylvania , Rhode Island , Texas , Washington or Wyoming at which they sell or provide liquor directly to the public or 3rd parties?	Used in rating
18. Does the applicant have any locations where the percentage of liquor revenue to total combined food and liquor revenue exceeds 50%?(not including wine tasting rooms)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
19. Are all alcohol servers certified in a formal alcohol training course (e.g. TIPS, TAM, RAMP, BEST, etc.)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20. Has the applicant ever been cited, fined or put on notice by any regulatory or law enforcement entity for liquor related violations?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21. Does the applicant have written procedures to minimize food contamination and spoilage? (Example: oven calibration, maintain records on temperature in coolers and freezers, label and date foods etc.)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
22. Does the applicant have any locations with regular live entertainment, dance floors or special events? (not including individual applicant catered events such as weddings)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
23. Does the applicant have any off-premises catering operations?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
24. Do all restaurants, meeting and ball rooms have at least two (2) clearly marked means of egress for patrons?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
25. Do all locations meet fire safety codes including adequate fire suppression systems for cooking facilities?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

GUEST ROOMS / HOTEL EXPOSURE / EMPLOYEE QUARTERS

26. Number of Guest Rooms (whether provided for a fee or not):	More than 10 rooms require that the account meet the Hotel Guidelines.
27. Maximum number of employees housed in applicant provided Employee Quarters?	More than 20 require a referral
28. Are any Guest Rooms or Employee Quarters located above the 3 rd story?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
29. Do all Guest Rooms and Employee Quarters have hardwired smoke detectors?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
30. Do all Guest Rooms and Employee Quarters have at least two (2) clearly marked means of egress?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

CHILDCARE

31. Does the applicant have any childcare services or other operations in which the applicant or someone acting on behalf of the applicant has custody of minors? (not including camps)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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CAMPS

32. Are camps restricted to the children of members only?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
33. Ratio of campers to counselors (for example 6 camper to each counselor = 6 to 1):	6 to 1 for campers under 10 years old 8 to 1 for campers 10+ years old



34. Do any of the camps include overnight activities/accommodations?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
35. Do any of the camps include fieldtrips off the applicant's premises?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
36. Are any campers under the age of five (5)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
37. Does the applicant conduct pre-hire and annual criminal and child abuse background checks on all counselors?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Remarks (Attach additional remarks, if more space is required):