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**GOLF CART LIABILITY
 FOR
 RENTAL PROPERTIES**

General Information

Proposed Effective Date: _____

1. Applicant's Name: _____
2. Please list any other names the business is or has been known by: _____
3. Applicant is: Individual Corporation Partnership Joint Venture Other: _____
4. Applicant's Mailing Address: _____
 City: _____ State: _____ Zip: _____
5. Physical Location of Rental Home (if different): _____
 City: _____ State: _____ Zip: _____
6. E-Mail: _____ County: _____
7. Business Telephone Number: () _____ Fax: () _____
8. Producer's Agency/Brokerage: _____ Producer Contact: _____
9. Producer's E-mail: _____ Producer's Phone #: _____
10. Please provide any Owners, Managers or Risk Managers that would need to be contacted. Include anyone dealing with loss control, safety inspections or daily operations:

Name	Position/Title	Responsibilities	Contact # and Email

Insurance History

1. Do you have rental operations general liability and homeowner's insurance policy(s) for this home? Yes No
 If yes, provide details: _____
2. Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$
Limits			

3. Has the Applicant ever had a golf cart related claim(s), incident(s) or accident(s)? Yes No
 If yes, please explain: _____
4. Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

5. Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?

Yes No

If the standard markets are declining placement, please explain why: _____

Desired Insurance

General Liability - Limit of Liability:

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$100,000/\$300,000	<input type="checkbox"/>	\$50,000/\$100,000/\$300,000
<input type="checkbox"/>	\$250,000/\$500,000	<input type="checkbox"/>	\$100,000/\$250,000/\$500,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Min.) \$2,500 \$5,000 Other: \$ _____

Auto Liability

1. Are you required to register/plate the golf cart(s)? Yes No *If yes, auto liability is required*

Per Person/Per Act/Property Damage

Single Limit

<input type="checkbox"/>	\$10,000/\$20,000/\$10,000	<input type="checkbox"/>	\$100,000/\$300,000/\$50,000	<input type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$25,000/\$50,000/\$15,000	<input type="checkbox"/>	\$250,000/\$500,000/\$100,000	<input type="checkbox"/>	\$500,000
<input type="checkbox"/>	\$50,000/\$100,000/\$25,000	<input type="checkbox"/>	\$250,000/\$1,000,000/\$100,000	<input type="checkbox"/>	\$1,000,000
<input type="checkbox"/>	\$100,000/\$250,000/\$100,000	<input type="checkbox"/>	Other _____/_____/_____	<input type="checkbox"/>	\$5,000,000

Please provide statutory requirements if applicable: _____

Self-Insured Retention (SIR): \$1,000 (Min.) \$2,500 \$5,000 Other: \$ _____

2. Do you want physical damage/inland marine coverage for the golf cart(s)? Yes No

If yes, please provide total Actual Cash Value (ACV): _____

Golf Cart Activities

1. Identify all locations where activities take place by (i.e. within community, golfing, beach, on the road, etc): _____

2. Estimated participation statistics:

ANNUAL GROSS RECEIPTS FROM RENTAL OPERATIONS	ANNUAL NO. OF RENTAL CONTRACTS	AVERAGE TIMEFRAME A RENTER WILL OCCUPY HOME	ESTIMATED NO. OF DRIVERS

3. How many golf carts are kept on the rental property? _____

4. How many scheduled drivers are in your family? _____
5. How long have you been renting your home? _____
6. How many people can the rental property sleep? _____
7. General purpose of golf cart? _____
8. Average radius driven daily? _____

Risk Management

1. Who is responsible for cart maintenance? _____
2. How often is the cart checked and inspected? _____
3. Do you keep any maintenance records? Yes No
If yes, please describe: _____

4. Do your customers rent any of your non-motorized equipment? Yes No
If yes, list all rented equipment other than motorized units: _____
5. Describe the type of renter that normally rents the home (families, students, friends of yours etc.) _____

6. What is the minimum and maximum age of golf cart drivers? Min: _____ Max: _____
7. Do you conduct a pre-rental briefing or safety check? Yes No
8. What requirements do you review to approve renters? _____

9. List reasons you would decline a person from renting: _____

10. Do you utilize video recording of signed waivers? Yes No

GOLF CART SCHEDULE

***Indicate ACV (actual cash value) only if you desire hull/physical damage for the vessel**

UNIT	YEAR	MAKE AND MODEL	LENGTH	HULL ID # (12 DIGITS)	*ACV VALUE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____
Applicant:

Dated: _____
Agent/Broker:

Signature

Signature

Print Name

Print Name