



Liability Limits Desired (check one)		Other information	
<input type="checkbox"/>	\$500,000 per occurrence / \$1,000,000 aggregate	<input type="checkbox"/>	# of rounds played per year
<input type="checkbox"/>	\$1,000,000 per occurrence / \$2,000,000 aggregate	<input type="checkbox"/>	# of employees
<input type="checkbox"/>	\$2,000,000 per occurrence / \$4,000,000 aggregate	<input type="checkbox"/>	Total annual payroll
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Total annual pro shop sales

Does the club have a grill? \_\_\_\_\_ Annual Sales \$ \_\_\_\_\_ Please describe cooking operations:

Does the club sell alcohol? \_\_\_\_\_ Annual Sale \$ \_\_\_\_\_ Please describe bar operations:

Does the club lease its facilities to the public or to club members? \_\_\_\_\_ Please provide examples of events the club leases facilities for: \_\_\_\_\_

Does the club own automobiles? \_\_\_\_\_ if so, how many? \_\_\_\_\_

Any other comments or information you would like to share?:

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Thank you for giving us the opportunity to earn your business. We will process your proposal as quickly as possible. We may require additional information to obtain an accurate rate. If so, we will contact you. Please note, no coverage is bound by completing this form. This request is designed to solicit information and is not a policy or policy binder on the part of the Applicant, its agency, or the insurance company. Once completed return this form to:

**Holley Insurance**  
**ATTN: Golf Course VA**  
**Fax 540-334-4226**  
**Email [steve@holleyins.com](mailto:steve@holleyins.com)**  
**Or call 888-899-1229**