

Covers indoor golf and golf simulator venues — simulator lounges and bars, 24-hour key-access studios, golf entertainment venues with hitting bays, practice and fitting studios, and leagues and lessons. Golf courses use CWCO-SUP-GOLF. Complete with ACORD 125 and 140. Attach a floor plan showing bays, seating, and exits, and the customer waiver.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
VENUE ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Franchise

PRIMARY CONTACT / TITLE	PHONE	EMAIL

LIQUOR LICENSE NO. (IF ANY)	FRANCHISE BRAND (IF ANY)

2 OPERATIONS

Venue type (check all):
☐ Simulator bays / suites ☐ Open hitting bays (entertainment) ☐ 24-hour key-card access ☐ Restaurant / bar ☐ Lessons / club fitting
☐ Leagues / tournaments ☐ Private events / parties ☐ Retail / pro shop

REVENUE SOURCE	% OF REVENUE

Size:
 Simulator bays Venue sq. ft. Max. occupancy Simulator equipment value (\$) Employees
 Hours open per week

3 EXPOSURE & RISK QUESTIONS — BAYS, CLUBS & BALLS

A jury ordered a golf entertainment venue to pay \$15 million in 2025 after a 9-year-old behind the safety line was hit by a club; seating was about 18 inches from the hitting area.

3-1 Is there a physical barrier (net, wall, or rail) between hitting areas and seating? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Are bays at least 15 feet wide with ceilings high enough for a full swing? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Are side walls and ceilings padded or netted to stop ricochets? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Are children under 12 allowed in hitting bays? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5 Does every customer sign a waiver before playing? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6 Are clubs provided by the venue inspected for loose heads and grips? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-7 Has a customer been struck by a club or ball in the last 3 years? ☐ Yes ☐ No
 IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — ALCOHOL, ACCESS & EQUIPMENT

Two 2026 Texas lawsuits allege golfers were hit by clubs flying from the next bay, with only a red line on the floor and no netting between golfers.

4-1 Is alcohol served or allowed in hitting bays? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is the venue open without staff on site (24-hour or key-card access)? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are cameras used to monitor bays during unstaffed hours? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are projectors, computers, and wiring installed by licensed contractors? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Has simulator equipment been stolen, vandalized, or damaged in the last 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does the venue host birthday parties or youth events? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Do contract instructors carry their own insurance naming the venue? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF EMPLOYEES	CONTRACT INSTRUCTORS
ANNUAL REVENUE (\$, ILLUSTRATIVE)	FOOD & BEVERAGE SALES (\$)	ALCOHOL SALES (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT CARRIER	LIMIT / DEDUCTIBLE	EXPIRATION DATE

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this business in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a customer injury claim been made against the venue in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1	Are bay safety rules posted and explained to every group before play?	☐ Yes ☐ No
IF YES, EXPLAIN		
7-2	Are bartenders trained in responsible alcohol service?	☐ Yes ☐ No
IF YES, EXPLAIN		
7-3	Are incident reports and video kept for every injury?	☐ Yes ☐ No
IF YES, EXPLAIN		

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person 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 insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE