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Club Name:	FEIN:
	Risk or Bureau ID:
	Year club started:
Number of En	nployees:
Peak Season:	Full Time
	Part Time
Off Season:	Total
Deceription o	f Operations Other Then Country Club.
Description o	f Operations Other Than Country Club:
Ownership In	formation:
1 ls risk :	a Partnership, Limited Partnership, Limited Liability Partnership, Executor or
	e, Joint Venture or Trustee or Estate?
	If Yes, please list the individual names of all partners, executors or trustees below:
	(required on policy)

Underwriting Information:

	Policy Term	Payroll History	Mod History	Premium History
			(If not included	on Acord WC App)
Expiring				
1 st Yr. Prior				
2 nd Yr. Prior				
3 rd Yr. Prior				
4 th Yr. Prior				



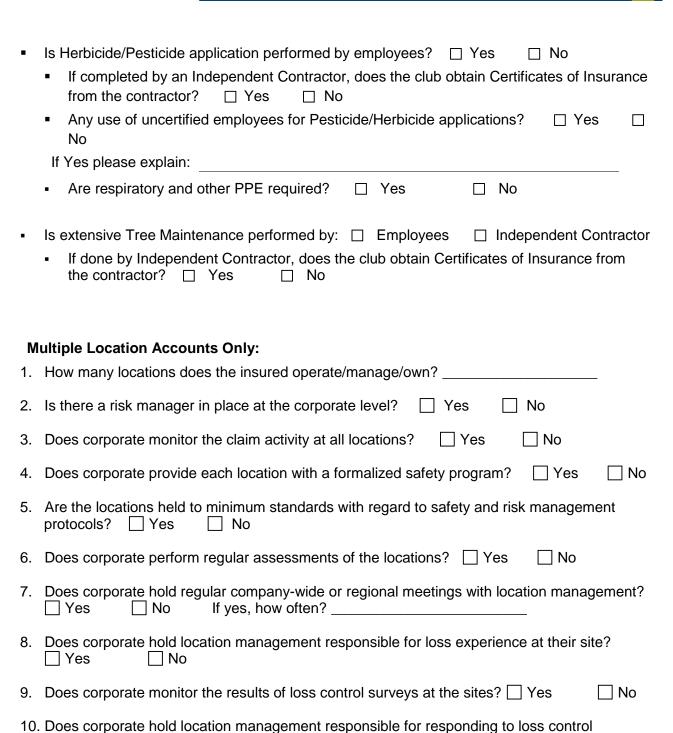


Hir	ring Practices			
•	Check all that apply	<i>r</i> :		
	☐ Applications	☐ Reference Check	s □ Background Cl	necks
	□MVR	□ Drug Testing	☐ Pre-Employme	nt Physicals
	☐ Volunteer Labor	□ Leased Employe	es Written Job De	scriptions
D	oes Club re-hire sea	sonal employees from	year to year? □	Yes □ No
A	re all employees (inc	luding seasonal) giver	n yearly safety training?	☐ Yes ☐ No
W	/hat is the average e	mployee turnover ovei	the last 2 years? ☐ Le	ess than 20% Over 20%
Са	ddy Exposures			
	Are caddies used a	t your facility? Yes	s □ No	
		ddies □ Independen		imployees
		·		individuals? ☐ Yes ☐ No
	•			
	•		•	re
	o How is the payr	oll calculated for this e	exposure?	
	o Do you keep red	cords of caddies' roun	ds? ☐ Yes ☐ No	
En	nployee Safety Prog	gram		
	Formal Safety Prog	ram: Written	□ Verbal	☐ None
•	Check all that apply	<i>r</i> :		
	☐ Return to Work	Light Duty	☐ Safety Committee	
	□ Documented S	afety Training	☐ Regular Safety Me	etings
	☐ Respirator Pro	gram	☐ Accident Investigat	ion
	☐ Hearing Conse	ervation Program	☐ Bloodborne Pathog	gens Program
	☐ Hazcom Progra	am	☐ Machine Guarding	in Place
	☐ Lifting Program	١	□ Premises Inspectio	ns

□ PPE Mandatory

☐ Regular Equipment Maintenance





□No

recommendations? Yes



Attach curre	ently valued	loss runs	(minimum 4	l years)).
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Description of large losses (over \$25,000):
Explanation of payroll fluctuation over 20%:
Any volunteers, please describe duties:

	Name	E-Mail	Phone No.
Premium audit			
contact:			
Loss control contact:			
Claims Contract:			