PREFERRED CLUB™
AMERICA'S LEADING CLUB INSURANCE™

Workers' Compensation Supplemental Questionnaire

Club Name: _____ FEIN: _____

Risk or Bureau ID: _____

Year club started: _____

Number of Employees:

Peak Season: Full Time _____

Part Time _____

Off Season: Total _____

Description of Operations <u>Other Than Country Club</u>:

_____

_____

Underwriting Information:

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

Hiring Practices

- Check all that apply:

☐ Applications ☐ Reference Checks ☐ Background Checks

☐ MVR ☐ Drug Testing ☐ Pre-Employment Physicals

☐ Volunteer Labor ☐ Leased Employees ☐ Written Job Descriptions

Does Club re-hire seasonal employees from year to year? ☐ Yes ☐ No

Are all employees (including seasonal) given yearly safety training? ☐ Yes ☐ No

What is the average employee turnover over the last 2 years? ☐ Less than 20% ☐ Over 20%

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Caddy Exposures

- Are caddies used at your facility? ☐ Yes ☐ No
  - If so, are the caddies ☐ Independent Contractors ☐ Employees
  - Is it your intent to pick up the Work Comp coverage for these individuals? ☐ Yes ☐ No
  - If yes, please indicate the payroll associated with this exposure. _____
  - How is the payroll calculated for this exposure?

    _____
  - Do you keep records of caddies' rounds? ☐ Yes ☐ No

Employee Safety Program

- Formal Safety Program: ☐ Written ☐ Verbal ☐ None
- Check all that apply:

☐ Return to Work/Light Duty	☐ Safety Committee
☐ Documented Safety Training	☐ Regular Safety Meetings
☐ Respirator Program	☐ Accident Investigation
☐ Hearing Conservation Program	☐ Bloodborne Pathogens Program
☐ Hazcom Program	☐ Machine Guarding in Place
☐ Lifting Program	☐ Premises Inspections
☐ PPE Mandatory	☐ Regular Equipment Maintenance

- Is Herbicide/Pesticide application performed by employees? ☐ Yes ☐ No
  - If completed by an Independent Contractor, does the club obtain Certificates of Insurance from the contractor? ☐ Yes ☐ No
  - Any use of uncertified employees for Pesticide/Herbicide applications? ☐ Yes ☐ No

  If Yes please explain: _____
  - Are respiratory and other PPE required? ☐ Yes ☐ No

- Is extensive Tree Maintenance performed by: ☐ Employees ☐ Independent Contractor
  - If done by Independent Contractor, does the club obtain Certificates of Insurance from the contractor? ☐ Yes ☐ No

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Attach currently valued loss runs (minimum 4 years).

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:			

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