



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 Other Than Country Club:

Ownership Information:

1. Is risk a Partnership, Limited Partnership, Limited Liability Partnership, Executor or Trustee, Joint Venture or Trustee or Estate? Yes No
 - a. 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				
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%

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

Multiple Location Accounts Only:

1. How many locations does the insured operate/manage/own? _____
2. Is there a risk manager in place at the corporate level? Yes No
3. Does corporate monitor the claim activity at all locations? Yes No
4. Does corporate provide each location with a formalized safety program? Yes No
5. Are the locations held to minimum standards with regard to safety and risk management protocols? Yes No
6. Does corporate perform regular assessments of the locations? Yes No
7. Does corporate hold regular company-wide or regional meetings with location management?
 Yes No If yes, how often? _____
8. Does corporate hold location management responsible for loss experience at their site?
 Yes No
9. Does corporate monitor the results of loss control surveys at the sites? Yes No
10. Does corporate hold location management responsible for responding to loss control recommendations? Yes No

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:			