

Club Name: _____ FEIN: _____
 Risk or Bureau ID: _____
 Year club started: _____

Number of Employees:

Peak Season: Full Time _____
 Part Time _____

Maximum employees on site at one time: _____
 % of 1099 Labor _____

Club Amenities: (check all that apply)

- | | |
|--------------------------------|--------------------------------|
| _____ Golf | _____ Caddies |
| _____ Tennis | _____ Pro Shop |
| _____ Swimming with lifeguards | _____ Dining/Banquet Facility |
| _____ Live Entertainment | _____ Professional Instructors |
| _____ Valet | _____ Child Care/Day Camp |

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)

2. Are there any corporate officers and directors, general partners or LLC managing members who are electing to opt out of workers' compensation coverage? **(CA Only)**
 Yes No If yes, note that a signed waiver is required for each Individual per California WC Law.

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



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 employees, is any trimming performed off the ground? Yes No
 - Maximum height exposure: _____
 - If done by Independent Contractor, does the club obtain Certificates of Insurance from the contractor? Yes No

- Do employees perform pond cleaning? Yes No

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				

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:
