

**GOLF COURSE/COUNTRY CLUB  
SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION**

Application/Policy# \_\_\_\_\_

Insured Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Website: \_\_\_\_\_ Insurance Contact Email: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

**Payroll Data** - Provide historical payroll data by class (for current and prior 4 years), or submit final audit invoices if available.  
**Applicable only to policy years not insured by Republic Indemnity.**

Class:	9060	_____	_____	_____	_____
<u>YEAR</u>					
<u>Current</u>		_____	_____	_____	_____
<u>1<sup>st</sup> Prior Yr</u>		_____	_____	_____	_____
<u>2<sup>nd</sup> Prior Yr</u>		_____	_____	_____	_____
<u>3<sup>rd</sup> Prior Yr</u>		_____	_____	_____	_____
<u>4<sup>th</sup> Prior Yr</u>		_____	_____	_____	_____

**Loss Experience**

If the insured has not been insured by Republic Indemnity for the latest 3-year term, please attach **currently valued loss runs** for any of those three years insured elsewhere **and most current experience modification worksheet** if available.

**Operational Information**

1. Detailed description of operations, include end product if applicable, processes used and employees duties:  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Current number of permanent employees:  
 Landscaping/Grounds maintenance \_\_\_\_\_  
 Restaurant \_\_\_\_\_  
 Building maintenance/Janitorial \_\_\_\_\_  
 Pro shop/Retail \_\_\_\_\_  
 Clerical \_\_\_\_\_  
 "Golf Rangers" \_\_\_\_\_ Are they employees or volunteers? \_\_\_\_\_  
 Other (explain) \_\_\_\_\_
3. Are there any ponds on the insureds premises? Yes No  
 If so, do employees perform cleaning of the ponds? Yes No  
 If handled by a third party, are COIs maintained? Yes No
4. Is any pruning of trees performed by employees? Yes No  
 If yes, what is the maximum height at which they will work? \_\_\_\_\_
5. Do employees perform maintenance on mowers, sprinklers or golf carts? Yes No
6. What types of vehicles are used to maintain the insureds property? (i.e. Dump trucks, front loaders, rollers, tractors, etc.)  
 \_\_\_\_\_  
 If tractors are used, is annual training provided to employees? Yes No
7. Is there any application of the following by employees: insecticides, herbicides, rodenticides and/or pesticides? Yes No  
 If so, is there a Respirator Program in place? Yes No  
 Do the employees spraying these chemicals have Pest Control Applicator/Operator licenses? Yes No
8. For any events held at the golf course, are there any "on call" staff to meet the needs of the event? Yes No  
 If so, how many? \_\_\_\_\_

**General Information**

1. Number of employees: Increasing \_\_\_\_\_ Decreasing \_\_\_\_\_ Stable \_\_\_\_\_
2. Number of part time employees \_\_\_\_\_ Number of full time employees \_\_\_\_\_  
 Number of temporary, seasonal, and/or leased employees \_\_\_\_\_  
 Does the insured utilize the services of Temporary Staffing Agencies or Labor Contractors? Yes No  
*If yes, do they require contract language that specifies the Agency/Contractor provide Workers' Comp? Yes No*  
 Number of W2's filed for latest reporting year \_\_\_\_\_
3. Mean wage: For mainstream employees in production operations or services offered \$ \_\_\_\_\_/hr.  
 For administrative staff (e.g. clerical, sales) \$ \_\_\_\_\_/hr.
4. Union Non-Union % of employees participating \_\_\_\_\_
5. **How many independent contractors are used?** \_\_\_\_\_  
**How many 1099 forms are issued to individuals?** \_\_\_\_\_  
**How many 1099 forms are issued to companies/organizations?** \_\_\_\_\_  
**If there are independent contractors, what kind of work do they perform?** \_\_\_\_\_  
**Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No**
6. Group Medical provided: Yes No % of employees participating \_\_\_\_\_ % of employer contribution \_\_\_\_\_  
 Name of Group Medical Provider: \_\_\_\_\_  
 Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension Yes No
7. Safety Program: Yes No  
 Safety Meetings: Yes No  
 Personal protective safety equipment provided: Yes No  
 Accident investigation program in place: Yes No
8. Pre-employment physical: Yes No
9. Drug Screening Program/Random Drug Testing Yes No
10. Does insured offer modified work: Yes No  
*If yes, provide details* \_\_\_\_\_
11. Loss Control Incentive Program: Yes No
12. Carpeted dining area: Yes No Split level/multi-story dining area: Yes No
13. Non-skid flooring: Yes No
14. Duct boards in kitchen and wet bar areas: Yes No  
 Who provides maintenance? Insured's employees? Yes No  
 Subcontracted with Certificates of Insurance on file? Yes No  
*If yes, provide details:* \_\_\_\_\_
15. Percent of Off Premises Operations: \_\_\_\_\_% (not applicable to contracting risks)
16. Vehicle Exposure: Radius of Operations \_\_\_\_\_  
 #Vehicles \_\_\_\_\_ (comm'l) \_\_\_\_\_ (private passenger).  
 Details of use, including specifics as to delivery exposures, if applicable \_\_\_\_\_  
 \_\_\_\_\_  
 Number of employees regularly driving: \* \_\_\_\_\_  
 \*We define regular as over 10% of all employees time in the aggregate being spent off-premises.  
 Frequency of off-premises activity: Daily Less than Daily  
 What are the average and maximum number of covered employees that travel together in the same vehicle? \_\_\_\_\_  
 \_\_\_\_\_  
 How often do the maximum number of covered employees that travel together in the same vehicle? \_\_\_\_\_  
 MVR's check: Yes No If yes, please provide details as to procedures in place \_\_\_\_\_  
 \_\_\_\_\_  
 Is there a disciplinary/termination rule in place based on driving record? Yes No If yes, describe how this is implemented \_\_\_\_\_  
 \_\_\_\_\_
17. Does applicant own, operate or lease an aircraft? Yes No If yes, provide details \_\_\_\_\_
18. Hours of operation \_\_\_\_\_
19. Are any of the insured's operations located within a Federal or State government owned building that is over 35% occupied by governmental offices or National Landmarks? Yes No If yes, provide details \_\_\_\_\_  
 \_\_\_\_\_

**Location (s) – Please complete for all locations of business operations:**

	# Employees assigned to location (including those who work off premises)		# of Shifts	Maximum number of employees on premises at one time	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
	Full-time	Part-time				
<b>Location (1)</b> _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
<b>Location (2)</b> _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
<b>Location (3)</b> _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
<b>Location (4)</b> _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____

**If more than 4 locations, please continue on separate sheet.**

\*Types of Building Construction that closely matches the description of building that Insured occupies.

- Wood Frame, including masonry veneer      Tilt-up concrete
- Un-reinforced masonry                              Reinforced concrete
- Reinforced masonry                                  Light gauge steel frame
- Mobile home    Protected structural steel frame

**Policy Specifications**

Non Participating Plan \_\_\_\_\_ Participating \_\_\_\_\_ Group \_\_\_\_\_ Group Name: \_\_\_\_\_  
 Commission % \_\_\_\_\_ Direct Bill \_\_\_\_\_ Agency Bill \_\_\_\_\_

Producer Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_