

**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>1st Prior Yr</u>			_____	_____	_____	_____
<u>2nd Prior Yr</u>			_____	_____	_____	_____
<u>3rd Prior Yr</u>			_____	_____	_____	_____
<u>4th 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				
Location (1) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
Location (2) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
Location (3) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
Location (4) _____ 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 _____