



GOLF CLUB SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	How many seasonal employees?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes No If no, explain _____

3. What are the insured's hours of operation: _____ to _____

4. Does the insured host golf tournaments? If so, does the insured hire volunteers during golf tournaments?

5. What type of supervisory or teaching experience does the insured's professional instructor have?

6. How many employees perform lawn maintenance to golf course?

7. What is the level of supervision for employees involved with maintenance inside and outside the clubhouse?

8. Are employees supervised and trained on use of machinery and equipment?

9. Is the insured's lawn machinery equipped with guards?

10. Does the insured operate a stockroom for storing additional equipment?

11. Is additional merchandise properly stored, with no equipment jutting out into the aisles or hanging over them?

12. Are all employees instructed in the proper lifting techniques?

13. Are Material Safety Data Sheets (MSDSs) made available to workers who are exposed to hazardous chemicals?

14. Are employees provided with proper Personal Protective Equipment (PPE)?

15. Is there an emergency eyewash station nearby to cleanse one's eyes should a chemical spill occur?

16. Are employees trained in basic first aid and CPR?