

Workers Comp Supplemental Application



Club Name: _____

Effective Date: _____

Number of Employees:

Peak Season: Full Time _____ Part Time _____ Max at once _____

Off Season: Full Time _____ Part Time _____ Max at once _____

Does Club re-hire seasonal employees from year to year? Yes No

What is the average employee turnover for the last 3 years? _____

Hiring practices (please check all that apply):

Applications

Background Checks

MVR Checks

Leased Employees

Reference Checks

Pre-Employment Physicals

Drug Testing

Amenities (please check all that apply):

Golf

Professional Instructors

Tennis

Live Entertainment

Swimming with Lifeguards

Dining Facility

Caddies

ProShop

Other _____

Regarding safety:

Do you have a safety program? Yes No

Any light duty or return to work? Yes No

Any Herbicide/Pesticide application? Yes No

Herbicide/Pesticide certifications? Yes No

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Please describe the Personal Protective Equipment worn:

Any tree trimming performed off the ground? Yes No

Maximum height worked: _____

If lifting more than 40lbs, how is material handled?

Do Employees enter into lakes, rivers, ponds, etc., for any reason? Yes No

Are Groundskeeping operations sub-contracted? Yes No

Are Employees responsible for the planting or removal of mature trees? Yes No

Are Employees involved in the placement or removal of heavy boulders? Yes No