



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
- MVR Checks
- Reference Checks
- Drug Testing
- Background Checks
- Leased Employees
- Pre-Employment Physicals

Amenities (please check all that apply):

- Golf
- Tennis
- Swimming with Lifeguards
- Caddies
- Other _____
- Professional Instructors
- Live Entertainment
- Dining Facility
- Pro Shop

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

Please describe the Personal Protective Equipment worn:

Any tree trimming performed off the ground? Yes No

Maximum height worked: _____

Please provide details of percent and type of work performed at this height and fall protection in place:

Maximum weight lifted: _____

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