

Country Club Questionnaire

Supplemental to
Fully Completed ACORD 130 Workers' Compensation Application

Applicant Name	Effective Date
FEIN	Website

Description of Operations

Operations	
# of Employees	Indicate the average number of employees for each category below.
	Landscaping, ground & pool maintenance
	Building maintenance and janitorial
	Food service, restaurant and bar
	Retail/Pro-shop
	Golf & tennis pros, golf rangers and lifeguards
	Clerical
	Other – describe:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do employees prune trees above 6 feet?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do employees apply insecticides, herbicides or pesticides?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes above, are employees applying these chemicals trained and licensed?
	Number of temporary, seasonal, and/or leased employees.
	Number of owned vehicles. List types: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	MVRs checked annually?
lbs	Maximum weight employees required to lift.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sub or independent contractors / 1099 employees used?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you verify workers comp coverage for sub/independent contractors?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do more than 50% of employees receive group health that is 50% employer paid?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide vacation and sick time to all employees?
%	Percent of Union employees.
%	Turn-over percentage during last 12 months.
\$	Average hourly wage for employees in governing class.

Management Practices, Operations, Loss Control, Claims Handling & Benefits		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a FT risk/safety mgr. employed whose job is 50%+ safety related?
<input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a post-accident drug testing program for all workplace injuries?
<input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a formal accident investigation and claims reporting process?
<input type="checkbox"/> Yes <input type="checkbox"/> No		Formal Return to Work program
<input type="checkbox"/> Yes <input type="checkbox"/> No		Safety incentive program in place
<input type="checkbox"/> Yes <input type="checkbox"/> No		Employee & management safety committee
<input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship established with a preferred medical provider?
<input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisors accountable for injuries & accidents?
		Employee to Supervisor Ratio
<input type="checkbox"/> Yes <input type="checkbox"/> No		Machinery/equipment property guarded?

Hiring Practices		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Written Application
<input type="checkbox"/> Yes <input type="checkbox"/> No		Criminal Background Check
<input type="checkbox"/> Yes <input type="checkbox"/> No		Experience / Reference Check
<input type="checkbox"/> Yes <input type="checkbox"/> No		Personal Interview Conducted
<input type="checkbox"/> Yes <input type="checkbox"/> No		Pre-Hire Drug Testing
<input type="checkbox"/> Yes <input type="checkbox"/> No		Pre-Hire Physical Fitness Test
<input type="checkbox"/> Yes <input type="checkbox"/> No		Are personnel files documented for pre-existing injuries?
<input type="checkbox"/> Yes <input type="checkbox"/> No		New employee orientation, job specific and safety training conducted?

Safety Practices		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Formal Injury & Illness prevention program
<input type="checkbox"/> Yes <input type="checkbox"/> No		Material lifting and handling training provided
<input type="checkbox"/> Yes <input type="checkbox"/> No		Quarterly (or more) safety meetings
<input type="checkbox"/> Yes <input type="checkbox"/> No		Quarterly (or more) safety training
<input type="checkbox"/> Yes <input type="checkbox"/> No		Food service employees required to wear non-slip shoes
<input type="checkbox"/> Yes <input type="checkbox"/> No		Employees trained on proper safe use of equipment and machinery
<input type="checkbox"/> Yes <input type="checkbox"/> No		Personal Protective Gear use required