

GOLF & COUNTRY CLUB SUPPLEMENTAL APPLICATION

Named Insured:	
Website:	

GENERAL INFORMATION:

Total Number of Employees:	# Full Time	# Part Time	# Over Age 60
Please list ages and duties of all employees over age 60:			
Is a Return-to-Work Program in place?			
Name of RTW Coordinator:			

RESTAURANT OPERATIONS:

Does the insured use non-slip mats in the kitchen or behind the bar?			
Are non-slip shoes required for kitchen staff?		For wait staff?	
Does the insured offer off premises catering?		If yes provide details:	
Any deep fat frying?		If yes:	
Commercial equipment installed with an automatic extinguishing system and up to code?			
Is fryer oil cooled prior to removal/disposal?		Describe the process by which oil is removed from the fryer(s) and transported for disposal:	
What precautions are taken to reduce burns?			
Are cut resistant gloves used?			
Are trash compactors used?		Are they guarded?	

LANDSCAPE/GOLF COURSE MAINTENANCE OPERATIONS:

Tree trimming above ground level?		If Yes, height of tree(s)	
Equipment used for tree work:			
Personal Protective Equipment (PPE) required?		If yes, are the following used:	
Ear Plugs?	Safety Glasses?	Dust Mask?	
Any application of pesticide/herbicide?		If yes, describe application method:	
Is machinery equipped with:	Emergency cutoff devices?	Backup alarms?	

Thank you for providing this information.

Signature of Person Completing	Title	Date Signed

