

## BRIM GOLF COURSE SUPPLEMENT

Name of Insured: \_\_\_\_\_

Effective Dates of Coverage: \_\_\_\_\_

1. Number of Golf Courses? .....\_\_\_\_\_
2. Are premises maintained by the public entity?.....  Yes  No  
*If yes, are premises regularly inspected and inspections documented? .....  Yes  No*  
  
*If no, is a Certificate of Insurance required from the contractor, with adequate limits  
and naming the Entity as Additional Insured? .....  Yes  No*
3. Are all chemicals used for spraying the golf courses EPA approved? .....  Yes  No
4. Are employees fully trained in handling and dispensing these chemicals? .....  Yes  No
5. Is a Pro-Shop present on the premises? .....  Yes  No  
List services provided: \_\_\_\_\_  
\_\_\_\_\_
6. Are food and beverages sold? .....  Yes  No  
Annual Sales: Food ..... \_\_\_\_\_  
Non –Alcoholic Beverages... \_\_\_\_\_  
Alcoholic Beverages..... \_\_\_\_\_  
Merchandise..... \_\_\_\_\_
7. Is there any cooking done on the premises? .....  Yes  No
8. Are any tournaments held at this facility? .....  Yes  No  
Approximate attendance: \_\_\_\_\_