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:__________________________________________________