



**THE PRIVATE GOLF & COUNTRY CLUB PROGRAM - PESTICIDE / HERBICIDE QUESTIONNAIRE**

Name of Club: \_\_\_\_\_

Are your employees licensed to apply pesticide/herbicides for the following types of application?

\_\_\_\_\_ Turf                      \_\_\_\_\_ Water                      \_\_\_\_\_ Trees

Please list employees' names and attach a copy of the pesticide/herbicide license for each.

\_\_\_\_\_  
\_\_\_\_\_

Provide a separate list of all banned for use chemicals that have been applied over the last (5) years or are now being applied to your golf course. Please include:

- a. approximate amount of the chemical per application of per year;
- b. approximate date that use was discontinued; and
- c. methods of disposal.

Do you use licensed independent contractors for application? Yes ( ) No ( )  
If yes, **confirm** that you obtain Certificates of Insurance from these contractors including Commercial General Liability including Products/Completed Operations.

**Pesticide Storage Building/Room:**

Construction of Building: Frame ( ) Masonry ( ) Non-Combustible ( ) Other (describe) \_\_\_\_\_

What is floor construction: Poured concrete ( ) Wood ( ) Dirt ( )

Are there any floor drains in the storage room?: Yes ( ) No ( ) If yes, where does it drain to: \_\_\_\_\_

Is storage room completely enclosed by a 4" sill? Yes ( ) No ( ) **Note: This is a requirement of the Program!**

Is Building used for: permanent or temporary residence? Yes ( ) No ( ); rest areas Yes ( ) No ( ); food preparation areas Yes ( ) No ( )

If Yes, please explain: \_\_\_\_\_

Does the chemical storage area have mechanical or natural ventilation to the building exterior? Yes ( ) No ( )

Describe how storage room secured and separated from other building areas: \_\_\_\_\_

Are warning signs posted? Yes ( ) No ( ) Is storage area secured at all times with lock and key? Yes ( ) No ( )

How are pesticides stored: On floor/ground ( ) On wood ( ) Pallets ( ) Metal Shelves ( ) Wood racks ( ) Other: \_\_\_\_\_

On a separate sheet of paper, please list all pollution or environmental damage claims (including unpaid claims or complaints) that have occurred in the past (5) years. (If none, so indicate) \_\_\_\_\_

Have you ever received any clean-up orders in the last (5) years? Yes ( ) No ( ) If yes, please describe on separate page.

Are there any local, state, or federal statues, standards or regulations with which you do not comply? Yes ( ) No ( ) If yes, explain on separate sheet of paper.

I declare that to the best of my knowledge and belief, all of the forgoing statements are true, and that these statements are declarations upon which this insurance policy may be issued:

\_\_\_\_\_  
**Signature of Insured**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**