

Description of Operations

Client or Trust Name: _____

1. How many part time employees (works 19 or less hours a week) (code is 0908)?
2. How many full time employees (works 20 or more hours a week) (code is 0913)?
3. Check all that apply for job duties for employees:

Maid Cook/Chef Gardener Chauffeur Nanny Other

If other, please advise details of job duties:

Employee Information:

1. Does the insured provide Medical Benefits? yes no
Percentage employer pays: ____% Percentage employee's participating: ____%
2. Percentage of annual turnover? _____%
3. Does insured take applications for potential employees? yes no
4. Does insured check potential employee references? yes no
5. Does insured require pre-hire physicals? yes no
6. Does insured require pre-hire drug testing or post hire drug testing? yes no
7. Any exterior window washing above ground? yes no
8. Does the risk conduct any hazard material removal/clean-up? yes no
9. Does the risk conduct any exterior pressure cleaning of rooftop yes no
10. How many employees live on the premises? _____
11. Are any of the employees used as captains or drivers on any vessel over water? yes no
12. Are employees also working elsewhere? yes no
If yes, please advise where and what they do and if their employer has workers comp coverage.

Company/Homeowner Operated Vehicles:

1. Number of drivers? _____
2. Number of employees in same vehicle? _____
3. Radius of operations: _____
4. Are motor vehicle records checked? yes no
5. Number of Autos: _____
 - A. If no company operated vehicles,
 - a. how many employees travel together _____
 - b. Are MVR's checked for all drivers? yes no

See next page

If Risk is an Entity:

If this risk is under an entity rather than the name of the individual, please advise what other services this entities offers?

Are there any employees working for the entity that are not domestic employees working in the home? yes no

If none, will the client agree to advise the carrier immediately if they do hire employees for any work other than domestic purposes at home? yes no

The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application. **MUST BE SIGNED TO BIND.**

Insured or Authorized Representative: _____
Print Name

Signature: _____ Date: _____