

## COVID-19 Supplemental

### General

1. Legal Entity Name:

### Employee

2. Total number of employees

Full-Time Employee(s): \_\_\_\_\_ Part-Time Employee(s): \_\_\_\_\_

A. Any location with more than 30 employees?

\_\_\_\_\_ Yes \_\_\_\_\_ No

i. If yes, what is the maximum number of employees at the location

Employees \_\_\_\_\_

ii. If shift work, please provide the employee breakdown by shift

Shift 1 \_\_\_\_\_ Shift 2 \_\_\_\_\_ Shift 3 \_\_\_\_\_

3. Have any employees been furloughed or laid off?

\_\_\_\_\_ Yes \_\_\_\_\_ No

B. Total number of employees furloughed

Number of Furloughed Employees: \_\_\_\_\_

C. Total number of employees laid off

Number of Employees Laid Off: \_\_\_\_\_

D. Date of last furlough/layoff: \_\_\_\_\_

E. Please describe the furlough arrangement, including continuance of employee pay/benefits.

4. Do you intend to rehire any laid off employees?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

F. What percentage?

Laid off Employees \_\_\_\_\_ %

5. Any layoffs/furloughs anticipated in the next 30 days?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

G. Date of next layoff: \_\_\_\_\_

H. Number of Employees

Employees: \_\_\_\_\_

6. Are any employees working from home?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

I. Number of Employees

Employees: \_\_\_\_\_

J. Timeline on them returning to the workplace:

7. Are the payroll estimates provided consistent with your current operations?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

8. Are any employees suspected of/diagnosed w/ COVID-19?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

K. Numbers of Employees

Employees: \_\_\_\_\_

L. Date of most recent positive test: \_\_\_\_\_

M. Number of positive tests reported as WC claims: \_\_\_\_\_

9. Do you currently have any travel outside of your normal radius of operations?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

N. Type of Travel:    \_\_\_ International    \_\_\_ Domestic    \_\_\_ International and Domestic

O. Please elaborate:

**Exposure Management**

10. What Personal Protective Equipment (PPE) is provided? How are employees trained in their use? Please elaborate:

11. What screening practices are in place for both employees and visitors? Please elaborate:

12. How often are employee screenings conducted?

13. Is a written record of screening maintained?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

14. What procedures are in place for managing an employee suspected of or diagnosed with COVID-19? Please elaborate:

15. What procedures are in place to practice social distancing with other employees, customers, and guests? Please elaborate:

16. Do facilities have instructional signage, use of barriers, or other controls related to exposure management? Please elaborate:

17. What new housekeeping, deep cleaning, and disinfecting procedures have been put in place to help prevent the transmission of COVID-19 throughout the workplace? Please elaborate:

Applicant Name:

Title:

Must be signed by an authorized Representative of the Insured. If you are unable to provide a digital signature, please print out the finalized form and provide a wet signature.

Date:

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