

General

1. Legal Entity Name: _____

Employee

2. Total number of employees

Full-Time Employee(s) _____ Part-Time Employee(s) _____

2.1. Any location with more than 30 employees? Yes No

2.1a. If yes, what is the maximum number of employees at the location Employees _____

2.1b. If shift work, please provide the employee breakdown by shift

Shift 1 _____ Shift 2 _____ Shift 3 _____

3. Please describe your mandatory Covid-19 vaccination policy or your policy requiring face coverings in the workplace and mandatory weekly Covid-19 testing policy.

4. Are the payroll estimates provided consistent with your current operations? Yes No

4.1. Numbers of Employees _____

4.2. Date of most recent positive test: _____

4.3. Number of positive tests reported as WC claims: _____

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

Yes No

5.1. Type of Travel: International Domestic International and Domestic
 Other (Please elaborate): _____

Exposure Management

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

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

8. How often are employee screenings conducted?

9. Is a written record of screening maintained? Yes No

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

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

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

13. 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: _____

Applicant Signature: _____

Applicant 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: _____