## General

1. Legal Entity Name: Click or tap here to enter text.

## Employee

1. Total number of employees:

|  |  |
| --- | --- |
| Full-Time Employee(s) | 0 |
| Part-Time Employee(s) | 0 |

1. Any location with more than 30 employees? Yes or No
   1. If yes, what is the maximum number of employees at the location:

|  |  |
| --- | --- |
| **Employees** | 0 |

* 1. If shift work, please provide the employee breakdown by shift:

|  |  |
| --- | --- |
| **Shift 1** | 0 |
| **Shift 2** | 0 |
| **Shift 3** | 0 |

1. Have any employees been furloughed or laid off?Yes or No
2. Total number of employees furloughed:

|  |  |
| --- | --- |
| **Number of Furloughed Employees** | 0 |

1. Total number of employees laid off:

|  |  |
| --- | --- |
| **Number of Employees Laid Off** | 0 |

1. Date of last furlough/layoff: Click or tap to enter a date.
2. Please describe the furlough arrangement, including continuance of employee pay/benefits.   
   Click or tap here to enter text.
3. Do you intend to rehire any laid off employees? Yes or No
4. What percentage?

|  |  |
| --- | --- |
| **Laid off Employees** | 0**%** |

1. Any layoffs/furloughs anticipated in the next 30 days? Yes or No
2. Date of next layoff: Click or tap to enter a date.
3. Number of Employees:

|  |  |
| --- | --- |
| **Employees** | 0 |

1. Are any employees working from home? Yes or No
2. Number of Employees

|  |  |
| --- | --- |
| **Employees** | 0 |

1. Timeline on them returning to the workplace:  
   Click or tap here to enter text.
2. Are the payroll estimates provided consistent with your current operations? Yes or No
3. Are any employees suspected of/diagnosed w/ COVID-19*?* Yes or No
4. Numbers of Employees

|  |  |
| --- | --- |
| **Employees** | 0 |

1. Date of most recent positive test: Click or tap to enter a date.
2. Number of positive tests reported as WC claims: 0
3. Do you currently have any travel outside of your normal radius of operations? Yes or No
4. Type of Travel: Choose an item.
5. Please elaborate: Click or tap here to enter text.

## Exposure Management

1. What Personal Protective Equipment (PPE) is provided? How are employees trained in their use? Please elaborate:   
   Click or tap here to enter text.
2. What screening practices are in place for both employees and visitors? Please elaborate: Click or tap here to enter text.
3. How often are employee screenings conducted? Click or tap here to enter text.
4. Is a written record of screening maintained? Yes or No
5. What procedures are in place for managing an employee suspected of or diagnosed with COVID-19? Please elaborate: Click or tap here to enter text.
6. What procedures are in place to practice social distancing with other employees, customers, and guests? Please elaborate: Click or tap here to enter text.
7. Do facilities have instructional signage, use of barriers, or other controls related to exposure management? Please elaborate: Click or tap here to enter text.
8. 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: Click or tap here to enter text.

Applicant Name Click or tap here to enter text.Title Click or tap here to enter text.

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 Click or tap to enter a date.

