

# COVID-19 Supplemental

Applicant Name:

Applicant's address:

City:  State:  Zip Code:

Insured's Website:

Insured's Email Address:

## I. Operations

1. Total number of employees (pre COVID-19) \_\_\_\_\_
2. Have any employees been furloughed/ laid off?  Yes  No  
 If yes, answer the questions below:
  - a. Total # of employees furloughed? \_\_\_\_\_
  - b. Total # of employees laid off? \_\_\_\_\_
  - c. Date of last furlough/ layoff? \_\_\_\_\_
  - d. Please describe the furlough arrangement, including continuance of employee pay/benefits:
3. Do you intend to rehire and laid off employees?  Yes  No If yes, what percentage? \_\_\_\_\_  
 Please describe any refresher training that will be required for rehires:
4. Are any layoffs/ furlough anticipated in the next 30 days?  Yes  No  
 If yes, when is the next layoff date? \_\_\_\_\_ Number of employees: \_\_\_\_\_
5. Are any employees working from home?  Yes  No If yes, how many employees? \_\_\_\_\_  
 Anticipated date when employees will return to the workplace: \_\_\_\_\_  
 Have ergonomic best practices and/or training been provided to work-from-home employees?  Yes  No
6. What financial impact has the pandemic had on your business? Have you developed new sources of revenue to replace disrupted operations? Please elaborate:

7. Do you expect to be able to maintain operations for the next 6-12 months at your current revenue levels?

- Yes       No

Please elaborate:

8. Has your organization experienced any COVID-19 workers compensation claims?       Yes       No

If yes, please elaborate:

## II. Exposure Management

9. What Personal Protective Equipment (PPE) is available to employees? How are employees trained in their use?

Please explain:

10. What screening practices are in place for both employees and visitors?

- Temperature screenings prior to entering buildings  
 Symptom assessments  
 # of visitors is limited

Please elaborate:

11. How often are employee screenings being conducted? \_\_\_\_\_

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

13. How are positive cases being documented? \_\_\_\_\_

14. Are positive cases being reported to OSHA?       Yes       No

15. Are sick employees being directed to stay home and not return until they are fever-free for 24 hrs.?       Yes       No

16. Are social distancing guideline enforced?       Yes       No

17. What procedures are in place to practice social distancing with other employees, customers, and guests?

Please elaborate:

18. Are any gatherings or group activities being held within a building?  Yes  No

If yes, what safety protocols are in place to reduce the likelihood of transmission?

19. Do facilities have instructional signage, use of barriers, or other controls related to exposure management?

Please elaborate:

20. 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:

**The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.**

**APPLICANT**

**BROKER**

\_\_\_\_\_  
Name and Title:

\_\_\_\_\_  
Name and Title:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date: