

OFFICE SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	How many temporary or freelance employees?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes _____ No _____ If no, explain _____

3. If temporary or freelance workers are employed, how often? _____ In addition, are they properly supervised? Yes _____ No _____

4. Are employees trained in proper lifting techniques? Yes _____ No _____

5. Are they instructed to seek help prior to attempting to move heavy objects? Yes _____ No _____

6. Are push or hand carts available to move items through the office? Yes _____ No _____

7. Are stepstools or non-slip base ladders available to reach items on higher shelves? Yes _____ No _____

8. If the job is considered highly stressful, does the insured sponsor or organize stress-reducing recreation and exercise programs? Yes _____ No _____

9. Are workstations ergonomically designed? Yes _____ No _____

10. Are first-aid kits available throughout the premises? Yes _____ No _____

11. Describe the insured's office layout? _____

12. What is the level of housekeeping? _____