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| **COVID-19 WC Supplement**  |  | Name of Insured |
| **Name of Insured** |
| City, State, Zip |
| **Address** |

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| --- |
| **Employee** |
| **Number of Employees (pre COVD-19)** | **Have any employees been furloughed/laid off?** | **Total # of employees laid off?** | **Total of Employees furloughed?** | **Date of furlough/lay off?**  |
| # | Yes/No | # | # | Select Date |
| **Describe the furlough arrangements including continuance of employee pay/benefits, in detail**  |
| Describe the furlough arrangements |
| **Payroll for employees who are furloughed but still getting paid** | **Is it your intent to rehire any laid off employees?**  | **Are additional furloughs/layoffs anticipated?**  | **Number of employees?** |
| Payroll | Yes/No | Yes/No | # |
| **Of these employees, have the duties performed by any of the employees changed?**The payroll for any whose duties have changed should be changed from their regular class code to a code for the duties that they are performing now. | Yes/No |
| **Do you mandate that all employees be vaccinated unless an accommodation has been approved?** | Yes/No |
| **Exposure Management** |
| **Timeline for employees returning to regular workplace**  | **What Personal Protective Equipment is available to employees?**  | **What training is provided for their use?** |
| Timeline | Personal Protective Equipment | Training |
| **What screening processes are in place for both employees & customers/visitors? Please elaborate.**  | **What procedures are in place to practice social distancing between employees, customers, vendors, guests? Please elaborate.** |
| Screening process employee/customers | Social distancing procedures |
| **Is signage in place explaining barriers or other controls in place for exposure management? Explain.**  | **What new housekeeping, deep cleaning & disinfecting protocols are now in place to prevent transmission of COVD-19 throughout the workplace?** |
| Signage explanation barriers | Housekeeping/cleaning protocols |
| **How often are employee screenings conducted?** | **Is a written record of screenings maintained?**  | **Are any employees suspected of or diagnosed with COVD-19?**  | **How many employees** | **Date of most recent positive test**  |
| Frequency | Yes/No | Yes/No | # | Select Date |
| **What protocols are in place if an employee has been at work and tests positive?**  | **Are you allowing travel outside a local radius?**  |
| Protocols in place | Yes/No |
| **If so, what protocols are in place to protect both the employee travelling and other employees upon that employee’s return?** |
| Travel protocols |
| **If more than one location, are the exact same protocols in place at all locations?**  | Yes/No |
| **Financial Impact** |
| **What financial impact has the pandemic had on your business? Have you developed new sources of income to replace disrupted operations? Please explain.** |
| Financial Impact |
| **Describe your business plan for next 6-12 months for sustaining your operations.**  |
| Business plan |
| **If currently shut down, are there any challenges to a timely restart (supply, distribution chain, production, etc.)?** |
| Challenges |