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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 | | | | | | | | | | | | | |