STATE COMPENSATION INSURANCE FUND

Together, we'll keep California working.

P.O. Box 8192
Pleasanton, CA 94588

Pre-Coverage Questionnaire for Private Residence Employees

A quote for insurance cannot be issued until all applicable questions are answered completely and the questionnaire is signed, dated, and returned to State Fund.

Your Name
Name of Spouse (if married)

Mail Address
Street
City State Zip Code

Primary Telephone No.

1. Is any business enterprise operated in or from the private residence? If YES, please describe the business.
   ☐ YES ☐ NO

2. Will you be employing private residence employees jointly with anyone else? If YES, please list their name(s) and describe the circumstances of the joint employment situation.
   ☐ YES ☐ NO

3. For whom will the private residence employee perform these duties?

4. Do your private residence employees perform similar duties for anyone else? If YES, please explain.
   ☐ YES ☐ NO

5. List the location(s) where the private residence employee(s) will perform duties and include a description for each location (i.e. private home, apartment, nursing home, etc.).
   - Location Address: Description:
   - Location Address: Description:

6. Are you acting as the conservator of an estate? If YES, please provide the name of the conservatee.
   ☐ YES ☐ NO

7. Are you acting as the trustee of a trust? If YES, please provide the name of the beneficiary.
   ☐ YES ☐ NO

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Complete the following for each private residence employee:

Employee Name	Description of Duties	In the Last 90 Days		In the Next 12 Months	
		Total # of Hours Worked	Total Wages Earned	Estimated # of Hours Worked	Estimated Monthly Wages

Total # of private residence employees to be insured:

8. Are any of the private residence employees listed above a relative of the homeowner, renter, or occupant of the private residence? If YES, please provide the name of the relative(s) and relationship to the homeowner/renter/occupant of private residence.

☐ YES ☐ NO

9. Do you wish to cover any of the relatives listed above on the policy? If YES, please list the relative(s) by name that you wish to cover under this policy

☐ YES ☐ NO

- Name: Relationship:
- Name: Relationship:

Per California Labor Code Sec.3352(a), the term "employee" excludes people employed by their parent, spouse or child. Any private residence employee employed by his parent, spouse or child **WILL NOT BE COVERED** under the wording of the private residence employee classifications. In addition, State Fund reserves the right to add an endorsement to the policy to **EXCLUDE** relatives in general who reside in the household of the employer or who are under the age of 12. An endorsement specifically naming the relative as included must be added to the policy before coverage will be provided.

I have read the above and acknowledge that this is an evaluation form, **not an application** for insurance, and does not bind State Fund to coverage of the above-described risk.

Applicant's Signature

Applicant's Name (please print)

Date