

PRE-COVERAGE QUESTIONNAIRE FOR PRIVATE RESIDENCE EMPLOYEES

(Not an application)

① INSTRUCTIONS
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. PLEASE ATTACH AN ADDITIONAL PAGE IF YOU NEED MORE SPACE TO ANSWER THE QUESTIONS COMPLETELY.

② GENERAL INFORMATION

Your Name _____

Name of spouse (if married) _____

Mail Address _____
Street _____

City _____ State _____ Zip Code _____

Business Telephone No. () _____ Home Telephone No. () _____

Do you operate any kind of business enterprise? Yes No If yes, please describe: _____

Will you be employing private residence employees jointly with anyone else? Yes No
If yes, who? _____
Please describe the circumstances of the joint employment situation: _____

Are you acting as the conservator of an estate? Yes No
If yes, what is the name of the conservatee? _____

Are you acting as the trustee of a trust? Yes No
If yes, what is the name of the beneficiary? _____

③ PRIVATE SECTOR EMPLOYEE INFORMATION

What is the number of private residence employees to be insured? _____
Complete the following information for EACH private residence employee:

Description Of Duties (Use Remarks Section if Necessary)	Employment Schedule R = Regular O = Occasional	In the Past 3 Months		In the Next 12 Months	
		Total No. of Hours Worked	Total Wages Earned	Estimated No. of Hours Earned	Estimated Monthly Wages

Will private residence employees perform their duties for you? Yes No
If no, for whom? _____

Do they perform similar duties for anyone else? Yes No
If yes, please explain _____

Do you expect to employ these people for less than a year? Yes No
If yes, please explain _____

Do they perform similar duties for anyone else? Yes No
If yes, approximately when will their employment terminate? _____

Do you plan to hire additional employees? Yes No
If yes, how many? _____ When? _____

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④

List EACH location where the private residence employees will perform duties.

LOCATION
OF
WORK

Address at location Description -- (house, apartment, residential
Care facility, nursing home, other-please specify)

⑤

(Conservators/Trustees--ignore question 5; go on to question 6)

Are any of the private residence employees your relatives? Yes No

Complete the following for EACH relative employed as a private residence employee:

RELATIVES

Name	Relation	Age	Duties (Use Remarks Section if Necessary)	Employment Schedule R=Regular O=Occasional	Estimated Monthly Wages	Estimated No. of Hrs. per Month	Coverage Requested Yes/No

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.

(Conservators/Trustees-please answer 6b instead of 6a)

a. Do you have any of the listed insurance in force?

⑥
COMPRE-
HENSIVE
PERSONAL
LIABILITY
(CPL)
INSURANCE

Policy in Force?		If yes, complete the following:			
Yes/No		Name of Insured	Insurance Carrier	Policy No.	Policy Dates
_____	(1) Homeowner's or Condominium Owner's				
_____	(2) Renter's or Tenant's				
_____	(3) Comprehensive Personal Liability (CPL)				

b. Answer 6b **only** if you are acting as a CONSERVATOR OR TRUSTEE

Are any of the following insurance policies currently in force either in the name of the conservatee/beneficiary or in your name as the conservator/trustee of the estate?

Policy in Force?		If yes, complete the following:			
Yes/No		Name of Insured	Insurance Carrier	Policy No.	Policy Dates
_____	(1) Homeowner's or Condominium Owner's				
_____	(2) Renter's or Tenant's				
_____	(3) Comprehensive Personal Liability (CPL)				

