

**State Compensation Insurance Fund  
Executive Officer/Partner/LLC Manager Coverage Questionnaire**

Executive Officer/Partner/LLC Manager \_\_\_\_\_,  
Legal Name Title

of what Legal Entity? \_\_\_\_\_

Executive Officer/Partner/LLC Manager job description including physical operations performed, daily routines, and work locations visited: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What percentage of time is spent at the principal business location? \_\_\_\_\_

How many hours are spent in the office (weekly)? \_\_\_\_\_

What duties are performed? \_\_\_\_\_  
\_\_\_\_\_

How much time is spent away from the principal business location (weekly)?  
\_\_\_\_\_

What are the off-site work location street addresses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What duties are performed away from the office? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often does the Executive Officer/Partner/LLC Manager travel? \_\_\_\_\_

What are the travel destinations and mode of transport? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All certifications, professional degrees and licenses held by the Executive Officer/Partner/LLC Manager:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Executive Officer/Partner/LLC Manager Signature Title Date

All questions pertain to the named Executive Officer/Partner/LLC Manager. Failure to fully complete the questionnaire may delay quotation of Workers' Compensation Insurance coverage.