



**OFFICE SUPPLEMENTAL INFORMATION**

INSURED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ AGENT NAME: \_\_\_\_\_

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	How many temporary or freelance employees?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain \_\_\_\_\_

3. If temporary or freelance workers are employed, how often? \_\_\_\_\_ In addition, are they properly supervised? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are employees trained in proper lifting techniques? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are they instructed to seek help prior to attempting to move heavy objects? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are push or hand carts available to move items through the office? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are stepstools or non-slip base ladders available to reach items on higher shelves? Yes \_\_\_\_\_ No \_\_\_\_\_

8. If the job is considered highly stressful, does the insured sponsor or organize stress-reducing recreation and exercise programs? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Are workstations ergonomically designed? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Are first-aid kits available throughout the premises? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Describe the insured's office layout? \_\_\_\_\_

12. What is the level of housekeeping? \_\_\_\_\_