

Allied Insurance

Residence Employees Worker's Compensation Questionnaire

Agency: Agency #:
Insured: Policy:

Employee Name:	Age	Number of years employed	Number of weekly hours	weekly wage	Duties:

1. Age of the insured:

2. Does the insured have any specific physical limitations which require the employee's assistance? Explain:

3. Does the employee lift, bathe or dress anyone? Is lifting part of the employee's duties?

4. Has any employee ever collected Workers' Compensation benefits?

5. Does the employee ever use a vehicle in the course of employment? (i.e. errands or grocery store)

6. Is the employee hire independently by the insured or employed by a service agency?

7. Is the employee a relative of the insured?

8. Does the insured carry any separate Workers' Compensation policy for the employee(s)?