



Coverage Questionnaire for Included Individuals

Corporate Officers / Directors / Partners / LLC Managing Members

Please complete this form for each Corporate Officer, Director, General Partner or Managing Member who is not eligible to elect exclusion from your WC policy (or is eligible to elect exclusion but has elected to be included on the WC policy). One form per individual. Failure to complete this questionnaire with sufficient detail may impact our ability to accurately update your policy.

Corporate Officer / Director / Partner / Managing Member _____
(Name of Person)

Policy # _____
(Title of Person)

Employer Name _____
(Name of Entity) (Legal Entity Type)

List the **annual compensation (salary and bonus)** of above Officer / Director / Partner / Managing Member _____

PLEASE DESCRIBE job duties of the Corporate Officer, Director or Partner or LLC Managing Member, including physical operations performed, daily routines, and work locations visited. **Please note: "administration" or "management" are insufficient job duty descriptions.**

(please add additional pages to explain, if necessary)

If supervision is performed by this individual, what operations are being supervised?

If sales are a job duty by this individual, estimate percentage of inside and outside sales work.

Signature of Corporate Officer/Director/Partner/Managing Member Title Date