

PRE-COVERAGE QUESTIONNAIRE FOR PRIVATE RESIDENCE EMPLOYEES (Not an application)

D INSTRUCTIONS	A QUOTE FOR IN COMPLETELY AND AN ADDITIONAL P.	THE QUESTIONNAL	RE IS SIGNED, DAT	ED AND RETURNED	TO STATE FUND.	PLEASE ATTACH
	Your Name					
	Name of spouse (if r Mail Address Street	narried)				
2	City		Sta	te	Zip Cod	e
	Business Telephone	No. ()		Home Teleph	one No. ()	
GENERAL INFORMATION	Do you operate any		erprise?	Yes 🗌 No		scribe:
	Will you be employi If yes, who?	ng private residence	employees jointly v	vith anyone else?	Yes	D No
	Please describe the c	ircumstances of the	joint employment si	tuation:		
	Are you acting as the If yes, what is the na Are you acting as the If yes, what is the na	me of the conservatore trustee of a trust?	ee?	es 🗌 No		
	What is the number of private residence employees to be insured? Complete the following information for EACH private residence employee:					
3 PRIVATE SECTOR	Description Of Duties (Use Remarks Section if <u>Necessary</u>	Employment Schedule R = Regular <u>O = Occasional</u>	In the Pas Total No. of <u>Hours Worked</u>	t 3 Months Total Wages <u>Earned</u>	In the Next Estimated No. of Hours <u>Earned</u>	Estimated Monthly <u>Wages</u>
EMPLOYEE						
INFORMATION	Will private residence If no, for whom?	e employees perform	n their duties for you	u? 🗌 Yes	🗌 No	
	Do they perform sim	ilar duties for anyor	ne else?	Yes N	ю	
	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					
	Do you plan to hire a	additional employees	s? 🗌 Yes	□ No		
	If yes, how many?			When?		



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4	List EACH location Address at location	where the pr	ivate resid	Description	n (house, apa	rtment, residenti		
LOCATION OF				Care facilit	ty, nursing nom	e, other-please s	pecify)	
WORK								
	(Conservators/Trust	eesignore q	uestion 5;	go on to question	6)			
	Are any of the priva	te residence e	employees	your relatives?	Yes	s 🗌 No		
5	Complete the following for EACH relative employed as a private residence employee:							
RELATIVES	Name	Relation	Age	Duties (Use Remarks Section if <u>Necessary</u>	Employment Schedule R=Regular O=Occasiona	Estimated Monthly	Estimated No. of Hrs. per Month	Coverage Requested <u>Yes/No</u>
							-	
	ANY PRIVATE RESI UNDER THE WORD RESERVES TEH RIG RESIDE IN THE HOU SPECIFICALLY NAM BE PROVIDED.	ING OF THE I HT TO ADD A JSEHOLD OF	PRIVATE I AN ENDOI THE EMP	RESIDENCE EMPI RSEMENT TO THE LOYER OR WHO	LOYEE CLASSI E POLICY TO E ARE UNDER TH	FICATIONS. IN A XCLUDE RELAT IE AGE OF 12. A	ADDITION, STA IVES IN GENEF N ENDORSEMI	TE FUND RAL WHO ENT
	(Conservators/Trust	ees-please an	swer 6b ir	stead of 6a)				
	a. Do you have any	of the listed	insurance	in force?				
	Policy in Force? If yes, complete the following:				D. I'			
				Name of Insured		rance rier	Policy <u>No.</u>	Policy Dates
6	Yes/No (1) Hom	eowner's or						
COMPRE-	Cond	lominium Ow	/ner's					
HENSIVE PERSONAL	(2) Rente	er's or						
LIABILITY (CPL)	Tena	nt's						
INSURANCE		prehensive Po	ersonal					
	b. Answer 6b only	lity (CPL) if you are act	ing as a C	ONSERVATOR	OR TRUSTEE			
	Are any of the following insurance policies currently in force either in the name of the conservatee/ben your name as the conservator/trustee of the estate?						onservatee/bene	ficiary or in
	Policy in Force? If yes, complete the following: Name of Insurance Policy				Policy			
				<u>Insured</u>		rier	<u>No.</u>	Dates
	<u>Yes/No</u>							
		eowner's or Iominium Ow	/ner's					
	(2) Rente Tena	er's or nt's						
		prehensive Pe lity (CPL)	ersonal					



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(Not a	n app	lication)
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CONTINUED	c. Have you checked with an agent to determine if coverage for private residence employees is included under a policy in force listed in a. or b. above? Yes No If yes, what was the answer?
0	
REMARKS	
8 PLEASE READ THIS SECTION CAREFULLY	Under California law (Insurance Code 11590), every policy providing comprehensive personal liability (CPL) insurance written in California MUST contain a provision to protect the policyholder against liability for the payment of workers' compensation to private residence employees who 1. Work 52 hours or more for one employer AND 2. Earn \$100 or more from such employer DURING 3. The 90 Calendar days immediately preceding the date of injury. CPL insurance is normally part of the coverage provided under a policy such as a Homeowner's or Tenant's policy. To avoid duplicate coverage the State Fund policy contract excludes private residence employees when they are covered for workers' compensation under CPL insurance. If you do not have CPL insurance, this exclusion does not go into effect. When a claim is filed for a private residence employee, State Fund will exercise its right to investigate the possible existence of applicable CPL insurance and may decline coverage based on the facts determined at the time of investigation.
(9) SIGNATURE	I HAVE READ THE ABOVE AND ACKNOWLEDGE THAT PRIVATE RESIDENCE EMPLOYEES COVERED FOR WORKERS' COMPENSATION UNDER CPL INSURANCE WILL BE EXCLUDED FROM THE STATE FUND WORKERS' COMPENSATION POLICY I AM CONSIDERING. I ALSO RECOGNIZE THAT THIS IS AN EVALUATION FORM, NOT AN APPLICATION FOR INSURANCE, AND DOES NOT BIND THE STATE FUND TO COVERAGE OF THE ABOVE RISK.
	Signature Date