



Crawley Warren Insurance Services, Inc.

Workers Compensation – Residence Employees Questionnaire

The following questions must be answered in their entirety. No coverage is afforded until approved by Crawley Warren Insurance Services, Inc.

Please complete the following questions for **each** part-time or full time **residence** employee**:

***A residence employee is an employee of an insured, whose duties are related to the maintenance or use of the residence premises, including household or domestic services, or one who performs similar duties elsewhere not related to the "business" of an "insured".*

Age	Sex	# Years employed by you	Number of hours worked per month	Describe duties (any lifting, bending, climbing?)

Have you had any residence workers compensation claims against you in the past 5 years? If "yes", please explain:

Additional comments:

Signature of Insured: _____ Date: _____