

Business Operations

Policy Number (Policy #-YY):	
Company Name:	
Audit Contact Name:	
Contact Email Address:	
Telephone Number:	
Business Website Address:	

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Provide a **detailed description** of your business operations (i.e., services provided, description of process, product, etc.).

List the materials and/or equipment used for your business operations.



Business Operations

Policy Number: _____
Policy #-YY

Date Completed: _____

Provide a **detailed description** of employee job duties for each classification code with reported payroll.
(Attach additional pages if necessary and include your policy name and number)

8810-Clerical Office Employee(s) /8871-Clerical Telecommuter Employee(s)

Employee Name	Title	Job Duties (minimum of 3 tasks)

8742-Salespersons-Outside

Employee Name	Title	Job Duties (minimum of 3 tasks)

Any Additional Class Codes - Job Duties

Supervisor Name	Class Code	Job Duties