



Pol #:

Company Name:

Please give a detailed description of the employee's job duties:

Include any physical operation, work location, and daily routines in a typical work day:

List all travel and the method of travel employee(s) will use including the various work locations (if any), where the employee(s) will be working.

Where is the majority of the employee(s) time spent?

List all tools, material and equipment that the employee(s) use.

List any licenses, certificates, permits or degrees that the company and/or employees are required to have, or which they possess.

Annual Payroll for the above employee(s): _____

Number of Employee(s) for this classification: _____

Owner, Partner, Officer, or Broker's Signature

Date

Mailing Address:

Employee Duties Questionnaire

Business Name: _____ Pol #: _____

*** Please indicate all job duties your employee performs ***

Job Description: (Must equal 100%)

<input type="checkbox"/> Accounting/Billing	%
<input type="checkbox"/> Talking on Telephone	%
<input type="checkbox"/> Interviewing	%
<input type="checkbox"/> Making Sales Calls	%
<input type="checkbox"/> Meeting Attendance	%
<input type="checkbox"/> Paperwork/Writing	%
<input type="checkbox"/> Typing/Computer Work	%
<input type="checkbox"/> Waiting on Customers	%
<input type="checkbox"/> Travel	%
<input type="checkbox"/> To Bank/Errand	%
<input type="checkbox"/> To client location	%
<input type="checkbox"/> Out of State	%
<input type="checkbox"/> Shop Duties	%
<input type="checkbox"/> Supervising	%
Duties of employees supervised: _____	
<input type="checkbox"/> Other (please indicate below): _____	%

Total: _____ **100%**

Where do your employees perform their duties? (Must equal 100%)

<input type="checkbox"/> In the Shop	%
<input type="checkbox"/> Away from the Office	%
<input type="checkbox"/> In a physically separate office	%
<input type="checkbox"/> In a store area	%
<input type="checkbox"/> On a Construction Site	%
<input type="checkbox"/> Other: _____	%

Total: _____ **100%**

Number of Employee Performing the above Duties: _____

Annual Salary: _____

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.

I certify that these are my employees job duties on this date. I will notify State Fund when their job duties change.

Signature Title Date