

# COVID QUESTIONNAIRE

1. Can you confirm that all employees and visitors will be provided/will be required to wear PPE equipment (e.g. face masks)?      Yes       No
2. Where possible, can you confirm that all employees and visitors will be required to adhere to social distancing requirements (6ft/2m or more)?      Yes       No
3. Have you received any claims, complaints or notices regarding Covid-19?      Yes       No
4. Do you have written protocol in place for managing on-site Covid-19 exposure, including how to address employees that may have been affected?      Yes       No
5. Do you confirm, prior to entry, that employees and any third parties on site are not experiencing any Covid-19 related or other health symptoms and have not recently been exposed to anyone who has Covid-19?      Yes       No

Additional Information: (How has Covid-19 affected the insured's operation)

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SIGNATURE OF OFFICER OR OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME AND TITLE