

**WORKERS' COMPENSATION-
DOMESTICS QUESTIONNAIRE**

COMPLETE THIS FORM IF THE INSURED EMPLOYS AN INSERVANT (20 HR. OR MORE PER WEEK) OR AN OUTSERVANT (10 HR. OR MORE PER WEEK).

INSURED _____ POLICY # _____

DOMESTIC EMPLOYEES

Employee's Name	Age	Marital Status	No. of Yrs. Employed	No. of Hrs. Each Week	Weekly Wage	Duties

Has any employee collected Workers' Compensation benefits in the last three years? Yes No

If yes, please explain in Remarks.

REMARKS: _____

Date _____ Signature of Named Insured _____