



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%)**

- Accounting/Billing \_\_\_\_\_ %
- Talking on Telephone \_\_\_\_\_ %
- Interviewing \_\_\_\_\_ %
- Making Sales Calls \_\_\_\_\_ %
- Meeting Attendance \_\_\_\_\_ %
- Paperwork/Writing \_\_\_\_\_ %
- Typing/Computer Work \_\_\_\_\_ %
- Waiting on Customers \_\_\_\_\_ %
- Travel \_\_\_\_\_ %
  - To Bank/Errand \_\_\_\_\_ %
  - To client location \_\_\_\_\_ %
  - Out of State \_\_\_\_\_ %
- Shop Duties \_\_\_\_\_ %
- Supervising \_\_\_\_\_ %
  - Duties of employees supervised: \_\_\_\_\_
  - Other (please indicate below): \_\_\_\_\_ %

**Total:** \_\_\_\_\_ **100%**

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

- In the Shop \_\_\_\_\_ %
- Away from the Office \_\_\_\_\_ %
- In a physically separate office \_\_\_\_\_ %
- In a store area \_\_\_\_\_ %
- On a Construction Site \_\_\_\_\_ %
- 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