



Workers Compensation Fund
Contractor Executive Supervisor Questionnaire

Please Print or Type

1 NAME AND JOB DUTIES OF INDIVIDUAL(S) TO BE CLASSIFIED UNDER CODE 5606 - CONTRACTOR EXECUTIVE SUPERVISOR	
Full Name	Duties
Full Name	Duties
Full Name	Duties

2 PLEASE CHECK THE BOX BELOW FOR THE 5606 PERSON(S)
<input type="checkbox"/> Has direct charge of the site workers. <input type="checkbox"/> Exercises indirect supervision through full-time job supervisors or foreman of the employer.

3 DOES THE 5606 PERSON(S) DO ANY OF THE CONSTRUCTION WORK AT ANY TIME?
<input type="checkbox"/> No <input type="checkbox"/> YES (Please provide details below)

4 IS THE 5606 PERSON(S) DIRECTLY IN CHARGE OF ANY CONSTRUCTION WORK AT ANY TIME?
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide details below)

SIGNATURE OF INSURED	
	Date
NAME & POLICY NUMBER OF INSURED	
Name of Insured	Policy Number

For your protection, Utah law requires the following to appear on this form:
 Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in the state prison.