



Health Care Supplement Questions

1. Enter the values for each occupation below:

Registered Nurses

Full-Time Employees

Part-Time Employees

Licensed Practical Nurses

Full-Time Employees

Part-Time Employees

Home Health Aides

Full-Time Employees

Part-Time Employees

Personal Care Aides

Full-Time Employees

Part-Time Employees

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2. Which services does the insured provide? (Alzheimer's care; Psychotic or personality disorders; Emergency room; Hospital; Home health care services; 24 hour shifts for employees; Nanny services; Live-in employees at clients resident or on premises; Employees designated for food preparation); Drug and alcohol rehabilitation or other addiction counseling services; Prisoner services; Emergency or transport services; Employee leasing, labor leasing, temporary staffing, or PEO; Personal/domestic or other non-professional care services on a standalone basis; 24 hour care, live in care or hospice; Cancer treatment; Medical lab)

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3. Does the insured have clients for whom you provide only personal care, domestic care or similar services that would not be considered professional medical care?

If yes, describe other non-professional care services you provide:



Health Care Supplement Questions (Continued)

4. Does the insured have any driving exposure such as house calls, transportation of patients or any off site activities?
5. What is the maximum number of minor violations and at fault accidents (in combination) in a 3 year period for all traveling employees?
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6. What is the maximum number of major violations (dui, reckless op, eluding, felony, etc.) in a 3 year period for all traveling employees?
7. Is this facility licensed by the Department of Health Services?
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8. Driving safety practices include: (Enforced seatbelt policy; Vehicle maintenance checklist; Vehicle travel log; New patient intake evaluation)
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9. What is the average number of clients per care provider?
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10. Hiring and employment practices include: (Application reference and background check; Drug screening at hire; Drug screening at random; Drug screening post-accident; Drug screening reasonable suspicion; Post offer physical exam/functional capacity evaluation performed by an occupational health clinic; Motor vehicle report; License/certification for certain occupations)
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11. What occupation(s) does the insured provide license and certification checks?
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12. Training/testing includes: (Proper lifting techniques; Blood borne pathogen; Hazard communications; Infection control)



Health Care Supplement Questions (Continued)

13. Describe instances in which lifting equipment or two person lifts are utilized:

14. Are PPE's or Hoyer lifts utilized when moving clients?

15. Does the insured utilize any 1099 employees?

If yes, describe how frequent and for what purposes:

16. What percentage of care given by the insured is for Alzheimer's or Dementia patients?

17. Does the insured operate or staff employees for an emergency department?

18. Do employees of the insured perform any air transport, ambulance or similar work?

19. What percentage of receipts are Medicaid?

20. What percentage of clients/patients have psychotic or volatile personality disorders?

21. What percentage of clients/patients are nonambulatory (i.e. not able to walk on their own)?

22. Are client/patient homes inspected for work safety concerns prior to caregivers entering the home?

23. Does the applicant operate a nursing home or convalescent center in conjunction with the retirement living center?