

Home Health Care Professional Services Workers' Compensation Supplemental Application

Applicant: _____ Effective Date: _____

Employee Profile			
Occupation	# Full Time	# Part Time	Avg Annual Payroll
Registered Nurses	_____	_____	\$ _____
Licensed Practical Nurses	_____	_____	\$ _____
Home Health Aides	_____	_____	\$ _____
Personal Care Aides	_____	_____	\$ _____
Office / Administrative Management	_____	_____	
Other	_____	_____	\$ _____
Describe Other: _____			
# traveling employees under 21 years old: _ # traveling employees over 60 years old: _			

1. Please describe the services you provide: _____
2. Do you offer 24 hour care? _____
 - a. Do the employees providing 24 hour care work in shifts? _____
3. Number of years in business: _____ Number of years with continual workers' compensation coverage: _____
4. Motor Vehicle Records are checked for all traveling employees
 - a. At hire _____
 - b. Annually thereafter _____
 - c. What is the radius employees will travel? _____
5. Traveling Employees are held to the following standards:
 - a. No more than _____ minor violations and at fault accidents (in combination) in a 3 year period.
 - b. No more than _____ major violations (DUI, Reckless, Eluding, Felony, etc.) in the last 3 years.
6. Do employees offer emergency or transport services? _____
7. Training / testing includes (check all that apply):

_____ Proper lifting techniques. Frequency: _____ Infection control. Frequency: _____

_____ Blood Borne Pathogen. Frequency: _____ Driver Safety. Frequency: _____
8. Do you perform any of the following services (check all that apply)?

_____ Drug and alcohol rehabilitation of other addiction counseling services

_____ Prisoner Services
9. Does the insured have a return to work program? _____
10. What are the percent of receipts for: Medicaid - _____ Medicare - _____ Private Pay - _____
11. Is the insured certified by Medicare? _____
12. Does the insured operate in a city with a population greater than 200,000? _____
13. Do employees primarily cook, clean, bath, groom, or perform general housekeeping activities while on the resident's premises? _____
14. Does the employer perform pre-employment medical exams? _____
15. Is the insured a professional medical staffing agency? _____
16. Are employees provided with the proper equipment for individual patient care? _____
17. Is the insured part of a public or government agency? _____
18. Are crime statistics reviewed prior to sending employees to a resident location? _____

The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application.

Authorized Representative: _____
Print Name / Title

Signature: _____ Date: _____