PMC INSURANCE GROUP
A DIVISION OF ONE80 INTERMEDIARIES

www.pmcinsurance.com
info@pmcinsurance.com
(877) PMC-COMP

# Medical Staffing Supplemental Application
# Workers' Compensation

## I. CONTACT INFORMATION

Insured Name: _____ Effective Date: _____

## II. LOCATIONS WHERE SERVICES ARE PROVIDED: *(Must equal 100%)*

| | | | |
|---|---|---|---|
| Private Home | ____ % | Assisted Living Facility | ____ % |
| Hospice | ____ % | Doctor's Office | ____ % |
| Physical Rehab Facility | ____ % | Nursing Home | ____ % |
| Hospital | ____ % | Correctional Facility | ____ % |
| Psychiatric/Behavioral Health Facility | ____ % | Alcohol/Substance Abuse Facility | ____ % |
| Other Facility (please specify): | ____ % | _____ | |

## III. TYPES OF PLACEMENTS: *(Must equal 100%)*

| | | | |
|---|---|---|---|
| Registered Nurse | ____ % | Licensed Practical Nurse/Vocational Nurse | ____ % |
| Certified Nurse Aid/Home Health Aide | ____ % | Sitters/Companions (non-medical) | ____ % |
| Homemaker (non-medical) | ____ % | Nurse Practitioner | ____ % |
| Physician Assistant | ____ % | Social Worker/Counselor | ____ % |
| Psychologist | ____ % | Respiratory Therapist | ____ % |
| Technicians (Radiology, Phlebotomy, etc) | ____ % | Speech/Occupational Therapist | ____ % |
| Physical Rehabilitation Therapist | ____ % | Clerical Administrative | ____ % |
| Other (please specify): | ____ % | _____ | |

## IV. ADDITIONAL QUESTIONS

Do you offer 24-hour care, or do you provide live-in care? ☐ Yes ☐ No

24-hour care? ☐ Yes ☐ No If "Yes", % of total services: ____ %

Live-in care? ☐ Yes ☐ No If "Yes", % of total services: ____ %

Are there shifts over 10 hours? ☐ Yes ☐ No

*If "Yes", please explain:* _____

Are documented proper procedures for safe lifting provided to employees? ☐ Yes ☐ No

*If "Yes", please explain:* _____

If a formal safety program is in effect, does it include the following elements? ☐ Yes ☐ No

Patient Handling/Transfer Training ☐ Yes ☐ No

Blood Borne Pathogen ☐ Yes ☐ No

Combative Patient Training ☐ Yes ☐ No

Do you pay any employees via 1099? ☐ Yes ☐ No

Are they covered under your Work Comp Policy? ☐ Yes ☐ No

*If "Yes", how many or what %* _____

*If "No", do you obtain certificates of insurance on each?* ☐ Yes ☐ No

_____ _____

Signature of Insured Signature of Broker

_____ _____

Print Name/Title Print Name/Title