

Healthcare Supplemental Application Workers' Compensation

I. BACKGROUND AND OPERATIONS

Applicant Name:

DBA's (if any):

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| <p>1. Does Common ownership (> 50%) exist with any other operations? Yes No</p> <p>2. Website:</p> <p>3. Date business first began:</p> <p>4. # of years under current ownership:</p> <p>5. Total # of employees:</p> <p>6. Total # of full time employees:</p> <p>7. Total # of part time employees:</p> <p>8. Total # of W2 employees:</p> <p>9. Total # of 1099 employees:</p> | <p>10. 1099's show proof of Workers' Comp coverage? Yes No</p> <p>11. Total # of volunteers:</p> <p>12. What % of operations is temp staffing? %</p> <p>13. Are 24-hour services provided (other than in shifts)? Yes No</p> <p>14. What % of employees are live-in caregivers? %</p> <p>15. What % of employees care for their own family members? %</p> <p>16. Ages of clientele served? <19 % 19-55 % > 55 %</p> <p>17. Are motor vehicles checked at least annually? Yes No N/A</p> <p>18. Is group transportation provided? Yes No</p> <p>19. If a facility is owned, is it OSHA compliant? Yes No N/A</p> |
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II. SERVICES PROVIDED (check all that apply)

In-Home – Skilled Nursing	Senior Skilled Nursing Facility	Community Hospital
In-home – Non-Professional	ALF / Assist. Residential Homes	Addiction Treatment Services
Hospice Provider	Progressive Senior Living	Behavioral Health Services
Physical Rehab Facility	Senior Day Center	Developmentally Challenged

III. WHERE EMPLOYEES PERFORM WORK (check all that apply)

Personal Residences %	Hospitals %	Community Center %	Mobile Units %
Senior Care Facility %	Outpatient Facility %	Day Center %	Remote Home Offices %
Physical Rehab Center %	Inpatient Facility Center %	Schools %	Corporate Office %
Hospice Center %	Doctor / Dentist Office %	Correctional Facilities %	Other:

IV. SAFETY PROGRAMS & TRAINING (check all that apply)

New Employee Orientation Program	Written Safety Manual	Safe Handling & Disposal of Needles/Sharps
Formal accident/injury investigation	Formal Written Accident Report	Workplace Violence Training and Procedures
Labor/Management Safety Committee	Safety Incentive Program	Bloodborne Pathogens/Infectious Disease Training
Proper Patient Handling/Transfer Training	Post-Accident Drug Testing Team	Return to Work/Light Duty Program in place
Patient Lists Provided & Utilized	Lifting Procedures Employed	Home site safety surveys conducted & documented
Drug Free Workplace Program	Combative Patient Training	Other:

V. HIRING AND SCREENING PRACTICES (check all that apply)

Written application	Pre-Hire Drug Testing	Validate Work History	Personal Interview (virtual or in-person)
Reference Checks	Employee Handbook w Sign Off	Child Abuse Clearance	Verification of certification and/or licenses
Pre-hire physical	Formal job description provided	Criminal background checks	Documentation or any pre-existing injuries

VI. PRIOR WORKERS' COMPENSATION INFORMATION (check all that apply)

	Current Year	Prior Year 1	Prior Year 2	Prior Year 3	Prior Year 4
Premium:					
Payroll:					
Carrier:					

Has the applicant had continuous WC coverage for the past 2 years?	Yes	No
Has the applicant's WC insurance been canceled for nonpayment within the last 3 years?	Yes	No
Has the applicant's WC been canceled or non-renewed for Underwriting Reasons?	Yes	No

This information is accurate and complete to the best of my knowledge and represents the operations and exposures of the above applicant

Name (printed):

Signature:

Date: