

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood Borne Pathogen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Combative Patient Training	<input type="checkbox"/> Yes	<input type="checkbox"/> 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