ICW GROUP Insurance Companies

HEALTHCARE SERVICES SUPPLEMENTAL APPLICATION

Name Insured: _____ Effective Date: _____
Agency/Broker: _____ Website: _____

1. Please describe your facility: _____
   - Number of years this facility has been operating: _____
   - Number of years owned by the present owner: _____
   - Number of years managed by present management: _____
2. Is this facility managed by an outside management company? ◯ Yes ◯ No ◯ N/A
   - If so, the name of the management company: _____
   - How long has this facility been managed by this entity? _____
3. Is this facility owned or leased by a multi-facility operator? _____
   - How long has this facility been owned or leased by this operator? _____
4. Please check every category that applies to your facility:
   ☐ For Profit ☐ Government ☐ Medicare Certified ☐ JCAHO Accredited
   ☐ Not For Profit ☐ Hospital Affiliation ☐ Medicaid Certified
5. Please provide information on any type of service you provide:
   _____ % Skilled Care _____ % Assisted Living
   _____ % Intermediate Care _____ % Residential Care Services
   _____ % Sub-Acute/Rehabilitation Care _____ % Independent Living Services
6. Please provide information on any ancillary services you may provide:
   ☐ Home Health Care _____ # Visits
   ☐ Adult Day Care _____ # People
   ☐ Hospice Care _____ # Patients
   ☐ Outpatient Care _____ # Outpatient Visits
   ☐ Child Day Care _____ Average Daily Attendance

EMPLOYEES

1. Please check each category that is obtained and maintained as part of your screening and hiring practices:
   ☐ Application ☐ Licenses/Annual Confirmation
   ☐ Criminal Background Check ☐ Drug Free Testing
   ☐ Multi-State Registry ☐ T.B. Testing
   ☐ Experience/References ☐ Hepatitis Vaccinations
   ☐ Education ☐ Info on Latex Allergies
2. Please provide annual turn-over percentage:
   _____ % Professional Staff _____ % Non-Professional Staff
3. Please provide your average annual wage: _____
4. Please check any of the following types of workers that you utilize:
   ☐ Sub-Contractors ☐ Temps/Agency Staffing ☐ Leased Workers ☐ Volunteers ☐ Interns
5. Do Volunteers and/or Students receive any compensation for their services? ◯ Yes ◯ No ◯ N/A
6. Are Certificates of Insurance provided for Sub-contractors, Temps/Agency Staffing and/or Leased Workers? ◯ Yes ◯ No ◯ N/A
7. Is there a hold harmless agreement in favor of the insured? ◯ Yes ◯ No ◯ N/A

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Insurance Companies

SAFETY PRECAUTIONS

Person Responsible for Safety

Name:
Title: Phone#:

Please check any of the following that apply:

- ☐ Formal Safety Program in Place
- ☐ All employees are aware of safety program
- ☐ Employees are required to use protective equipment:
  - ☐ Latex Gloves ☐ Alternative types of gloves
- ☐ Sharps disposal is in compliance with OSHA standards
- ☐ Safety Committee
- ☐ Safety program is part of employee orientation
- ☐ Contaminated waste/hazardous products disposal is in compliance with OSHA standards
- ☐ Regular documented employee safety meetings are held how often?

1. Please check any of the following that apply:
   - ☐ Powered Sit-to-Stand/Standing-assist devices
   - ☐ Ceiling Mounted Lift Devices
   - ☐ Lateral Transfer/Repositioning Devices
   - ☐ Trapeze Bars, Hand Blocks and Push-Up Bars
   - ☐ Bathtub, Shower and Toileting Devices
   - ☐ Portable Lift Devices
   - ☐ Ambulation Assist Devices
   - ☐ Electric Adjustable Beds
   - ☐ Pelvic Lift Devices

   Please describe:

2. Please check any that apply for your kitchen operations:
   - ☐ Fire suppression system in the kitchen
   - ☐ Non-skid flooring
   - ☐ Deep fryers are used
   - ☐ Personal Protective Equipment worn

   Please describe:
3. Please check any that apply for Maintenance/Housekeeping/Laundry:
   - ☐ Personal Protective Equipment worn

   Please describe:
   - ☐ Machinery Guarding

   Please describe:
   - ☐ MSDS reviewed with employees and documented
   - ☐ Lifting procedures and training
   - ☐ Spring loading linen carts
   - ☐ Reaching devices used for laundry services

EMPLOYEE INJURIES

1. Please check any of the following that apply:
   - ☐ Worker injuries are treated on site
   - ☐ OSHA reporting requirements complied with
   - ☐ Return to Work Program in place
   - ☐ All injuries are reported to insurance carrier
   - ☐ CDC guidelines on bloodborne pathogens followed
   - ☐ Formal accident reporting and investigation program