



Name of Insured: _____

Effective Date: _____ Website: _____

Type of Exposure:

- | | |
|---|---|
| <input type="checkbox"/> Senior Living/Nursing Home | <input type="checkbox"/> Assisted Living |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Home Health Care |
| <input type="checkbox"/> Other _____ | |

Is the facility managed by a management company ☐ Yes ☐ No

If so, what is the name of the management company: _____

Does your insurance broker provide any of the following client services? Check any that apply:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Risk Control | <input type="checkbox"/> Loss Control |
| <input type="checkbox"/> Claims Services | <input type="checkbox"/> Accounting |

Do any insured locations have more than 100 employees working at any one time? ☐ Yes ☐ No

Hiring Practices

Please check any of the following that apply:

- | | |
|--|---|
| <input type="checkbox"/> Application Licenses | <input type="checkbox"/> Annual Criminal Background |
| <input type="checkbox"/> Check Drug Free Testing | <input type="checkbox"/> Multi-State Registry |
| <input type="checkbox"/> TB Testing Experience | <input type="checkbox"/> References |
| <input type="checkbox"/> Hepatitis Vaccinations | <input type="checkbox"/> Training |

Safety

Please check any of the following that apply:

- | | |
|---|---|
| <input type="checkbox"/> Formal Safety Program | <input type="checkbox"/> Infectious Disease Program |
| <input type="checkbox"/> Safety Committee | <input type="checkbox"/> Safety Program is Part of Employee Orientation |
| <input type="checkbox"/> PPE Requirements | <input type="checkbox"/> Latex Gloves Alternative Types of Gloves |
| <input type="checkbox"/> Sharps Disposal OSHA | |
| <input type="checkbox"/> Contaminated Waste/Hazardous Products Disposal | |
| <input type="checkbox"/> Regular Documented Employee Safety Meetings are Held | Frequency _____ |

Fleet Management

Do you have company vehicles? ☐ Yes ☐ No

If yes, how many vehicles _____

Do employees drive their personal vehicles for company use? ☐ Yes ☐ No

Are Motor Vehicle Records (MVR) checked annually for all employees who drive as part of their job? ☐ Yes ☐ No

Employee Injuries

Please check any of the following that apply:

- | | |
|---|---|
| <input type="checkbox"/> Worker injuries are treated on site | <input type="checkbox"/> All injuries are reported to insurance carrier |
| <input type="checkbox"/> Formal accident reporting and investigation program | |
| <input type="checkbox"/> Do you work with a specific Healthcare network or clinic | |

Return to Work Program in place ☐ Yes ☐ No

Are they aware that you promote light duty and return to work? ☐ Yes ☐ No