



Home Health Care Professional Services
Workers' Compensation Supplemental Application

Applicant: _____ Effective Date: _____

Employee Profile table with columns: Occupation, # Full Time, # Part Time, Avg Hourly Wage. Rows include Registered Nurses, Licensed Practical Nurses, Home Health Aides, Personal Care Aides, Office / Administrative Management, Other, and a Describe Other section.

*Please attach a copy of most recent quarterly payroll report

- 1. Please describe the services you provide: _____
2. Are you a not for profit organization? _____
3. Do you have any clients for whom you provide only personal care, domestic care or similar services that would not be considered professional medial care? _____
4. Number of years in business: _____ Number of years with continual workers' compensation coverage: _____
5. What is the typical and maximum radius (in miles) of any of your traveling employees? Typical _____ Maximum _____
6. Motor Vehicle Records are checked for all traveling employees
a. At hire _____
b. Annually thereafter _____
7. Traveling Employees are held to the following standards:
a. No more than _____ minor violations and at fault accidents (in combination) in a 3 year period.
b. No more than _____ major violations (DUI, Reckless, Eluding, Felony, etc.) in the last 3 years.
8. Do you have an enforced seatbelt policy? _____
9. Do you require a vehicle maintenance checklist? _____ Travel logs? _____
10. Is a New Patient Intake Evaluation performed upon initial visit to a client's premises? _____

11. Hiring and Employment Practices include (check all that apply):
- Application reference check and background check
 - Drug screening. At hire? Random? Post Accident?
 - Reasonable Suspicion?
 - Post offer physical exam / functional capacity evaluation performed by an occupational health clinic
 - Motor Vehicle Report
 - Licenses / certifications check for the following occupations: _____
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12. Training / testing includes (check all that apply):
- Proper lifting techniques. Frequency: _____
 - Blood Borne Pathogen. Frequency: _____
 - Hazard Communication. Frequency: _____
 - Infection control. Frequency: _____
13. Describe instances in which lifting equipment or two person lifts are utilized.
- _____
- _____
- _____
14. Use of temp services / independent contractors:
- a. Are these services utilized? If yes, how frequently and for what purposes?

 - b. Are certificates of workers compensation insurance obtained from all temp services and / or independent contractors?
15. Describe any service provide through volunteers: _____
- _____
- _____
16. Do you perform any of the following services (check all that apply)?
- Drug and alcohol rehabilitation of other addiction counseling services
 - Prisoner Services
 - Emergency or transport services
 - Employee leasing, labor leasing, temporary staffing, or PEO
 - Personal, domestic or other non-professional care services on a stand alone basis.
- Describe: _____
- _____
- _____

The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application.

Authorized Representative: _____
Print Name / Title

Signature: _____ Date: _____