

COMPANION CARE – IN HOME (BASIC NON-NURSING) SUPPLEMENTAL
(Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Are you in compliance with all applicable laws and ordinances pertaining to licensing and safety codes?
 Yes No
2. Describe what your license/certification allows you to do:

3. Has your license ever been suspended or revoked? Yes No
If yes, provide details:

4. Have you ever been investigated by the State Health Dept., State Licensing Board or other governmental body?
 Yes No
If yes, provide details:

OPERATIONS

1. Types of services provided: (Total must equal 100%)			
Companionship	%	Cooking/Light Housekeeping/Errands	%
Sleep Over Service	%	Bathing/Grooming/Incontinence Care	%
Bookkeeping/Financial	%	Transportation	%
24 Hour Service	%	Care of children under age 18	%
Other:	%	Describe:	

2. If 24 hour service, is this: Live-in Shift work
Provide full description:

	Yes	No
3. Are all duties performed non-medical?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do any duties include diagnosis, prescribing and/or dispensing of medications? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all duties performed in private homes?	<input type="checkbox"/>	<input type="checkbox"/>

STAFFING

	Yes	No
1. Do you have a contract outlining scope of duties?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have recordkeeping procedures?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do care providers complete daily work reports?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there an informed consent process in place?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are subcontractors used? Cost: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you conduct background checks of all new hires/subcontracted personnel?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are all staff/subcontractors over the age of 18 years?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are certificates of insurance maintained on file for all independent contractors?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are certificates of insurance updated on an annual basis?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are written policies in place for all care services provided and for handling emergencies and complaints?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you enter into any contractual agreements?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is legal advice sought to write and approve?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does the agreement require you to hold any third party harmless?	<input type="checkbox"/>	<input type="checkbox"/>

ABUSE & MOLESTATION – Complete only if requesting coverage

1. Are there written guidelines regarding sexual misconduct? Yes No
If yes, provide details:

2. Describe steps taken to prevent or avoid a sexual misconduct incident. (e.g. same gender caregiver/client)

3. Has the facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes No
If yes, provide details:

4. Have you or any employee, volunteer, or other person working for you ever been arrested or convicted of a crime? Yes No
If yes, provide details:

5. Has any facility applicant, in the past year, been associated with, ever had any incidents occur, or claims brought against it while applicant was there? Yes No
If yes, provide details:

HIRED & NON-OWNED AUTO COVERAGE – Complete only if requesting coverage

1. Number of drivers using personal vehicles for business: (Full-time = over 20 hrs/week; Part-time = up to 20 hrs/week)

Full-time:

Part-time:

Volunteer:

Describe use:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 2. Do you require employees to carry and show evidence of personal insurance?
If yes, limits required: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you run MVRs on employees?
If yes, how often: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a driver safety training program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are employees trained on wheelchair tie-down procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your agency transport clients?
If yes, in employee vehicles? _____ % | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, in client's vehicle? _____ % | <input type="checkbox"/> | <input type="checkbox"/> |

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature

Title

Date

Producer Signature

Date

Producer Name and Address
