



All City Insurance

# Healthcare Services Supplemental Application

Named Insured:

Proposed Effective Date:

Please provide a detailed description of the operation:

Where there is patient care, what percentages of employees are: RNs \_\_\_\_\_ % LVNs \_\_\_\_\_ % CNAs \_\_\_\_\_ % ?

Do employees use personal vehicles in the course of business?  Yes  No

Are MVR's ordered and reviewed periodically so as to assure that such employees have satisfactory

If yes: driving records?  Yes  No

Is there any home infusion therapy?  Yes  No

Is there a formal lifting policy?  Yes  No

What controls are in place for patient handling? Any devices used (i.e. hoier lifts)?

Is there a formal contact and disease prevention policy?  Yes  No

Is there a written blood pathogen program?  Yes  No

What is the maximum hours worked per 24-hour period? \_\_\_\_\_ hours

What is average hourly wage for RNs – opening cases? \$ \_\_\_\_\_

What is average hourly wage for RNs – other? \$ \_\_\_\_\_

Are there any volunteer workers?  Yes  No

Do employees have any exposure to HIV/AIDS patients?  Yes  No

Percentage of ambulatory patients? \_\_\_\_\_ % Percentage of non-ambulatory patients? \_\_\_\_\_ %

Group medical insurance provided?  Yes  No

If yes: % enrolled \_\_\_\_\_ % % paid by employer \_\_\_\_\_ %

Safety incentive provided?  Yes  No

If yes: Describe:

Pre-placement physicals?  Yes  No

What percentage of total operations are housekeeping/homemaking operations (e.g., cooking, cleaning, laundry, ironing, ...)? \_\_\_\_\_ %

Remarks:

Applicant's Signature

Date