

**Home Health Care/Nurse Registry/Other Health Care
Professional Staffing
Supplemental Application**

c. Please provide the complete name(s) of the nursing home/assisted living facility(ies) and location(s):

6. Are employee/contractor references checked prior to hiring? Yes No
7. How are references checked? Written Verbal Both
8. Does the applicant utilize criminal background checks? Yes No
9. Are job descriptions provided for each employee/contractor? Yes No
10. Are any professional employees/contractor required to carry their own insurance? Yes No

If Yes, please provide details:

What minimum limit is required?

11. If this is a new operation, please attach a copy of resumes of key staff as well as the applicant's pro forma business plan/financials.

It is understood and agreed that this application shall become part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

A copy of this application should be retained for your records.