



RT WC Specialty
Home Health
Supplemental Application

***For New Ventures - we will need the following:**

- **Owner's resume, which must show prior experience in home health to qualify**
- **Documentation on employee hiring practices**

Insured Name: _____

Insured Web Address: _____

Insured FEIN: _____

Payroll/Premium Information: At very least we need 3 years of the info below:

Policy Year	Payroll	Premium
Current		
1 st Prior		
2 nd Prior		
3 rd Prior		
4 th Prior		

Business Operations (Check all that apply and list percentage of operations):

- Home Health _____%
 Substance Abuse Counseling _____%
 Assisted Living _____%
 Nursing Home _____%
 Personal Care Provider _____%
 Hospice _____%
 Mental Health Counseling _____%

Please indicate where your employees perform their work:

- Private Homes _____% Clinics _____% Nursing Homes _____%
 Hospitals _____% Corporate Offices _____% Doctor's Office _____%
 Community Residence _____% Other Locations _____%

Please specify if other: _____

1. What percentage of employees are Registered Nurses?

_____ 0 to 25% _____ 26 to 50% _____ 51 to 75% _____ 76 to 100%

2. What percentage of employees are Certified Nursing Assistants?

_____ 0 to 25% _____ 26 to 50% _____ 51 to 75% _____ 76 to 100%

3. Is insured part of a public or government agency?

Yes No

4. Is insured certified by Medicare?

Yes No

5. What percentage of clients pay via Medicare?

_____ 0 to 25% _____ 26 to 50% _____ 51 to 75% _____ 76 to 100%

6. Percentage of private pay clients?

_____ 0 to 25% _____ 26 to 50% _____ 51 to 75% _____ 76 to 100%

7. What percentage of residents pay via federal or Medicaid State types of programs (**Excluding Medicare.** Do not factor Medicare into this percentage.)? _____ %

8. Do employees primarily cook, clean, bathe, groom, or perform general housekeeping activities **rather than provide medical or healthcare?**

Yes No

9. Does insured provide live in 24 hour home healthcare workers?

Yes No

If yes, what percentage of operations involves live-in service? _____ %

10. What is average length of shifts? _____ hours

11. Does the employer lease employees or utilize a staffing company?

Yes No

12. Are 1099s used?

Yes No

If yes, what percentage of workers are paid 1099? _____ %

If yes, what do 1099s do? _____

13. Are all 1099 employees and/or subcontractors required to carry their own Work Comp?

Yes No

14. Do employees drive personal vehicles?

Yes No

15. Do employees drive company vehicles?

Yes No

16. Average radius employees drive during work day? _____ miles

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

18. Do you have written MVR standards for your employees?

Yes No

Please clarify the following:

- MVR's verified at time of hire? Yes No
- Copies of MVR are maintained in personnel files? Yes No
19. Are crime statistics reviewed prior to sending employees to a residential location? Yes No
20. Is there a formal safety program in place that addresses blood born pathogens, chemical hazards, disease, driver safety, lifting, latex allergies, violent behavior, infection control, proper use of medical equipment, SHARPS disposal, etc.? Yes No
21. Are employees provided with the proper equipment for individual patient care? Yes No
22. Are documented proper procedures for safe lifting provided to employees? Yes No
23. Is there a formal return to work/modified duty program in place? Yes No
- If no, would the insured agree to put a formal return to work in place? Yes No
24. Are pre-employment medical exams completed? Yes No
25. Is there a formal pre-hire drug testing program in place? Yes No
26. Is a formal post-accident drug testing program in place? Yes No

ADDITIONAL SPECIFIC QUESTIONS:

1. What percentages of the insured's clients are:
- Individuals with Age-related illnesses (Alzheimer's, dementia): _____%
 - Developmentally Disabled Individuals: _____%
 - Elderly and/or Physically Disabled: _____%
 - Hospice Care: _____%
 - Mentally ill individuals: _____%
 - Other: _____: _____%
- Total must equal 100%: _____%**
2. What percentages of the risk's operations are:
- Companion Care/Homemaker Services: _____% Skilled Nursing: _____%
3. What percentage of the insured's employees are over 60 years of age? _____%
4. Does the insured validate licenses and certifications? Yes No
5. Does the insured have a DOCUMENTED set of defined duties which limits what services their employees can or cannot perform? If so, please provide documentation. Yes No

6. What is the percentage of non-ambulatory patients? _____%

7. Is the insured a Nursing Registry (Staffing Agency)? Yes No

8. Group medical provided? Yes No

If yes, name of healthcare provider: _____

% of employees enrolled: _____% % paid by employer: _____%

If yes, who is eligible? FT PT Seasonal Management/Supervisors only

9. Does the insured have a full-time Safety Director on staff (no additional job duties)? Yes No

If yes above, how long has there been a designated safety person? _____

If yes above, name and title: _____

10. Formal safety incentive program? Yes No

If yes, what type of incentive(s)? _____

If yes above, does it encompass all employees? Yes No

11. Do you have a formal accident investigation program? Yes No

If yes, do you have a formal written accident report? Yes No

**** The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify RT Specialty of any significant change in operations or payroll. Terms of insurance coverage may be canceled for misrepresentation if information provided is inaccurate. ****

Signature of Applicant: _____

Title: _____

Print Name: _____ Date: _____