

## Home Health and Hospice Work Comp Supplement

Name of Insured:

Company Website:

Effective Date:

Expiration Date:

Any change to the Normal Anniversary Date?

FEIN:

Has the insured had any OSHA citations in the last five years?  yes  no  
If yes, please explain:

Total FT EE:            Total PT EE:

Number of W2 forms issued last year:

Average hourly wage in governing class: \$ \_\_\_\_\_

Are there greater than 100 employees in any one location?  yes  no  
If so, identify each location and provide total head count and payroll per location.

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### Premises:

Number of stories:

Are interconnected smoke detectors in place?  yes  no

Are fire extinguishers present?  yes  no

Do security cameras record daily operations?  yes  no

Is the building sprinklered?  yes  no

Are there multiple means of egress?  yes  no

Is there a fire/emergency evacuation plan in place?  yes  no

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### Benefits:

Is any accident or health insurance provided?

Is disability insurance provided?  yes  no

Is vacation provided?  yes  no

Percentage of employees participating:

Is sick leave provided?  yes  no

Is a retirement/pension plan provided?  yes  no

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### General Safety:

Is a formal duty return to work (RTW) program in place?  yes  no

Does RTW include full wages?  yes  no

Does the insured have a full time risk manager on staff?  yes  no

Is there a safety incentive program in place?  yes  no

Are safety meetings or training provided?  yes  no Frequency?

Is the insured willing to participate in SeaBright's medical provider network?  yes  no

Are owners active in daily operations?  yes  no

Are written job descriptions used?  yes  no

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### Hiring practices:

Are written applications used?  yes  no

Are Reference Checks performed?  yes  no

Are Motor vehicle record checks performed?  yes  no

Is any leased, volunteer, or temporary labor used?  yes  no

Is a drug/substance abuse program available?  yes  no

Are personal vehicles used for company business?  yes  no

What is the maximum distance an employee may drive their personal vehicles for company business? \_\_\_\_\_

Is there a new hire orientation program?  yes  no

Does it include a review of safety / Workers' Comp?  yes  no

**Home Health and Hospice Safety:**

Are training programs in place for new and existing employees, volunteers? yes  no  If yes, list all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Hazard Communication Training               | <input type="checkbox"/> Strain Prevention / Proper Lifting Procedures |
| <input type="checkbox"/> Hazardous Substance Handling                | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> OSHA Bloodborne Pathogens Standard          |  |
| <input type="checkbox"/> Proper Use of Personal Protective Equipment |  |

Describe moving, lifting and transporting patients:

Are employees trained on safety procedures of usage of needles and disposing of needles? ? yes  no

Are employees tested for communicable diseases prior to hiring and periodically thereafter? yes  no

Number of employees or volunteers under the age of 18 (eighteen)? Full Time: Part Time:

Describe duties:

How long are shifts of the employees? Full Time: Part Time:

Are employees permitted to hold similar employment with another employer while working for the insured?

Full Time Employees: yes  no

Part Time Employees: yes  no

Percentage of employees professionally licensed:

Number of Doctors:

Nurse Practitioners:

Registered Nurses:

Licensed Practical Nurses:

Certified Nurses Assistants:

**Janitorial exposure:**

Does the insured have Janitors on staff? yes  no  If yes, answer questions below:

Employees or subcontractors?  yes  no

Is there snow removal?  yes  no

Is there Heating/AC service?  yes  no

Is there exterior glass cleaning?  yes  no

Is there any work from heights?  yes  no

If so, please provide details:

Does the insured have any foreign Workers' Compensation exposure?  yes  no

If so, please provide head count and payroll by country:

Prepared by: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_