

SENIOR HOME CARE APPLICATION

BROKER INFORMATION:

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Website: _____

Number of Years in Business: _____ Number of Employees: _____

Number of Years Experience & Qualifications/Certifications: _____

Anticipated Revenues for upcoming year: Canada: _____ USA: _____ Foreign: _____

Previous Insurer: _____ Has any Insurer cancelled, declined, or refused you coverage? Yes No

If yes, provide details: _____

OPERATIONS

Description of Operations:

Personal Care (i.e. Bathing/Hygiene/Dressing/Medication Reminders/Medication Assistance Under Physician Orders or Blister Packs)

Nursing Duties (i.e. Administration of Medication / Foot Care / Feeding Tubes / Wound Care)

Transportation (i.e. Grocery shopping / appointment / errands):

Confirm underlying Auto Insurance is in place with minimum \$1,000,000 Liability Coverage and vehicle is rated for appropriate use with auto insurer Yes No

Daily Activities (i.e. Basic Housework / Minor Lawn Care / Meals)

Other: _____

Are Sub-Contractors Used? Yes No. If Yes please advise percentage of revenues and details of sub-contracted operations: _____

Are police checks done for all employees and independent contractors? Yes No

Do you have a formal orientation program for all new employees? Yes No

Do you distribute an employee handbook to all employees? Yes No

Do you conduct annual employee evaluations including review of company code of conduct practices and abuse protocols? Yes No

Do you have formal policies or procedures regarding any of the following:

Sexual Harassment: Yes No

The Handling of employee complaints of discrimination or sexual harassment: Yes No

Have you entered into any Hold Harmless Agreements or Waivers of Subrogation? Yes No

(describe) _____

Have you had any claims or losses within the last 5 years? Yes No. Additionally, are you aware of any facts, incidents, or circumstances which may result in a claim being made against you or any employees? Yes No

(describe) _____

COVERAGES:

Commercial General Liability Limit: _____

Errors & Omissions Limit: \$25,000 \$50,000 \$100,000 \$250,000 Other: \$ _____

Medical Malpractice Limit: \$25,000 \$50,000 \$100,000 \$250,000 Other: \$ _____

Abuse Limit: \$25,000 \$50,000 \$100,000 \$250,000

Target Premium (if known): _____

PROPERTY

Construction type: _____

Select the distance between your building and the nearest Municipal Fire Hydrant:

Within 500 feet Between 500 and 1000 feet Over 1000 feet

Distance to Fire Hall: _____ KM. Is firehall paid or volunteer? _____

Insured's Occupancy: _____ Other Occupancies: _____ Year built: _____

Updates (indicate year): Building: _____ Electrical: _____ Roof: _____

Plumbing: _____ Indicate Plumbing Type: _____ Hot Water Tank Age: _____

Adjacent Exposures: _____

Height of building: _____ Heating Type: _____ General Housekeeping: _____

Total Building Sqft: _____ Applicant's Sqft: _____ Building Sprinklered: Yes No _____%

Burglary Alarm System: Monitored Local None. Is the monitoring company ULC Approved? Yes No _____

Fire Alarm System: Monitored Local None. Is the monitoring company ULC Approved? Yes No _____

COVERAGE REQUIREMENTS (per location)

| PROPERTY & BUSINESS INTERRUPTION COVERAGES | AMOUNT OF INSURANCE |
|---|---------------------|
| Building | |
| Equipment (Including Tenants Improvements) | |
| Stock | |
| Transit | |
| Business Interruption (Profits, Gross Earnings) Please circle | |
| Rent or Rental Value | |
| Extra Expense | |
| Office Contents | |
| Computer (Hardware/Software) | |
| Miscellaneous Property Floater | |
| Other: | |
| CRIME COVERAGES | AMOUNT OF INSURANCE |
| Inside and Outside Robbery | |
| Broad Form Money & Securities | |
| Comp 3D crime including Form A Employee Dishonesty | |
| Other: | |

OPTIONAL COVERAGES: (Select any of the following optional coverages you require)

- | | | |
|---------------|----------------------------|--|
| Sewer Back-up | Replacement Cost | Property Extension End't |
| Flood | Stated Amount Co-Insurance | Comprehensive Property Extension End't |
| Earthquake | By-Laws | |

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicants Signature: _____ Position: _____

Please Print Name: _____ Date: _____