

## SENIOR HOME CARE SUPPORT APPLICATION

### GENERAL 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? NO \_\_\_ YES \_\_\_

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 \$2,000,000 Liability Coverage and vehicle is rated for appropriate use with auto insurer (circle one): YES / NO
- Daily Activities (i.e. Basic Housework / Minor Lawn Care / Meal Preparation/Companionship)
- Other: \_\_\_\_\_
- Are Sub-Contractors Used? \_\_\_\_\_ If Yes please advise percentage of revenues and details of sub-contracted operations:

Are police checks done for all employees and independent contractors? NO \_\_\_ YES \_\_\_

Do you have a formal orientation program for all new employees? NO \_\_\_ YES \_\_\_

Do you distribute an employee handbook to all employees? NO \_\_\_ YES \_\_\_

Do you conduct annual employee evaluations including review of company code of contact practices and abuse protocols?

NO \_\_\_ YES \_\_\_

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

Sexual Harassment/Abuse/Misconduct: NO \_\_\_\_\_ YES \_\_\_\_\_

The handling of employee complaints of discrimination or sexual harassment: NO \_\_\_\_\_ YES \_\_\_\_\_

Have you entered into any Hold Harmless Agreements or Waivers of Subrogation? NO \_\_\_\_\_ YES (describe) \_\_\_\_\_

Have you had any claims or losses within the last 5 years? Additionally, are you aware of any facts, incidents, or circumstances which may result in a claim being made against you or any employees? NO \_\_\_\_\_ YES (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 \_\_\_\_\_

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: \_\_\_\_\_



**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: No  Yes  \_\_\_\_\_ %

Burglary Alarm System: Monitored  Local  None  Is the monitoring company ULC Approved No  Yes  \_\_\_\_\_

Fire Alarm System: Monitored  Local  None  Is the monitoring company ULC Approved No  Yes  \_\_\_\_\_

**PART 4: 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 one	
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 Endorsement
- Flood  Stated Amount Co-Insurance
- Earthquake  By-Laws