



COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 3 FOR DETAILS ON OUR PRIVACY POLICY.



# Home Health Care Provider / Placement Agency Supplemental Questionnaire

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the space provided.

## 1. OPERATIONS

a. Do all Personal Support Workers or Caregivers perform designated tasks delegated by a Registered Health Professional and have undergone functional training under the Regulated Health Professions Act?  Yes  No

If no, please provide explanation:

b. Do you have written policies and procedures describing each services offered and signed off by the patient or patient's custodian?  Yes  No

c. Do you provide overnight stay services to patients?  Yes  No

d. Are there any formal mechanism for:

i. Patients to report or ask questions regarding their medical complications?  Yes  No

ii. Medical emergency backup services or emergencies?  Yes  No

e. Do all healthcare professionals submit and conduct a bedside and end-of-shift report and are these reports reviewed with the patient or accompanying family member?  Yes  No

f. On what basis does the agency contract with their end clients? Are contracts:

Ex-vicarious (standard contracts where the end client retains the responsibility for the actions of the placed personnel); or

Vicarious (non-standard contracts where the end client pushes back liability for the placed personnel to the nursing agency); or

Both of the above? What is the % split?

g. Staff are assigned to the following facilities:

Type of facility	Revenue %
Client's private Home	
Retirement Home	
Nursing Home	
Hospitals	
Correctional Facility	
Others:	

## 2. HIRING / SCREENING AND CREDENTIALING PROCEDURES

a. Do new employees or staff complete employment application?  Yes  No

b. Are employees/contractors references contacted before hired/placed?  Yes  No

c. Do you conduct criminal background and vulnerable sector screening for all healthcare employees/ contractors prior to hire/placement?  Yes  No

d. Do you verify certification and/or professional licensure status of employees and independent contractors?  Yes  No

e. Do all the healthcare employees or independent contractors undergo continuing education to improve their quality of care?  Yes  No

f. Has the applicant formalized a drug and alcohol-screening program requiring all employees/contractors to satisfy drug and alcohol testing prior to hire/placement and is there a procedure for screening suspect employees/contractors when drug or alcohol abuse is alleged?  Yes  No

## 3. ABUSE PROTOCOLS

a. Please provide a copy of the abuse protocols in place for both employees and patients.

b. Do all staff attend an abuse prevention seminar?  Yes  No

c. Have any allegations of abuse been made against you, your employees or any other person associated with your organization during the past 10 years?  Yes  No

If yes, please attach details.

**NOTICE CONCERNING PERSONAL INFORMATION**

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

In accordance with SWG's privacy policy available at the bottom of this application and as per our website: <https://swgins.com/page/privacy.html>

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

**WARRANTY STATEMENT**

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided. Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

**NEW BRUNSWICK RESIDENTS ONLY:** I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

**SIGNATURE**

Signature:		Date (mm/dd/yyyy) :	
	(Authorized Representative:)		
Name (please print) :		Title/Position:	



## Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

### IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

### THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

### PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

### CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

### LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

## ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

## SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

## ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at [PrivacyOfficer@swgins.com](mailto:PrivacyOfficer@swgins.com).

## CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at [www.privcom.gc.ca](http://www.privcom.gc.ca).

**Please refer to the updated comprehensive version of privacy policy on our website: <https://swgins.com/page/privacy.html>**