



CARRIER:

United States Liability Insurance Company

Companion/Caregivers — Nonprofit Social Services Supplemental Application

CAREGIVERS, IN-HOME HOSPICE AND INSTITUTIONAL HOSPICE

Service offered by applicant (Check all that apply)

- Caregivers (nonmedical)
- In-home hospice
- Institutional hospice

Caregivers

1. Number of caregivers: _____
2. Number of visits conducted by caregivers annually: _____
3. Does the organization provide services to non-ambulatory clients or clients afflicted with dementia or Alzheimer's? Yes No
4. Does the organization provide legal or financial services to clients? Yes No
5. Does the organization provide caregiver/home companion services on an overnight basis? Yes No
6. Does the organization obtain certificates of general liability and medical malpractice insurance for contracted physicians or nurses? Yes No
7. Are guardianship services provided? Yes No
8. Does the organization provide medical treatment or detoxification services? Yes No

Hospice (In-home and Institutional)

9. Number of visits conducted by caregivers annually: _____
10. Does the organization obtain certificates of general liability and medical malpractice insurance for contracted physicians or nurses? Yes No
11. Does the organization have a physician on call 24 hours a day? Yes No
12. Does the organization have an established plan to deal with emergencies? Yes No
13. Does the organization have a formal procedure in place to report accidents or incidents involving patients? Yes No
14. Does the organization have a formal, documented training and procedures in place for disposal of medical waste, use of medical equipment, first aid and food preparation according to dietary restraints? Yes No
15. Are all personnel licensed or experienced in treating terminally ill patients? Yes No
16. Are medical charts and records kept on all patients? Yes No
17. Are respite care services provided? Yes No
18. Are services provided to any minors (persons under the age of 18 or 19 per provincial/territorial law)? Yes No
19. Do employees/volunteers prescribe or sell medication? Yes No
20. Does the organization comply with all rules and regulations of Health Canada or the Controlled Drugs and Substances Act? Yes No
21. Is medical equipment maintained for others, manufactured, sold or leased? Yes No

Hospice (Institutional only)

22. Number of beds: _____ Yes No
23. Are all patients located on the first floor of the building? Yes No
24. Are there procedures in place to assure a proper staff-to-patient ratio? Yes No
25. Does the organization have a formal evacuation plan in place as well as clearly marked and illuminated emergency exits? Yes No

Abuse and Molestation Coverage

26. Occurrence limit: _____ Aggregate limit: _____
27. Is there any off-site one-on-one interaction between staff and youth? Yes No
28. Are background checks, including sex-related and child abuse claims, required on all employees and volunteers? Yes No
29. Is there a formal orientation program for employees/volunteers that includes a review of the organization's sexual abuse policy? Yes No
30. Is there a formal procedure in place to monitor and document interactions between employees/volunteers and clients? Yes No