RISKPOINT
INSURANCE ADVISORS

24 HOUR GROUP HOME QUESTIONNAIRE

Business Name: _____

Location Address:_____ City:_____ State: _____ Zip Code: _____

Business Website Address:_____ Contact Name/Title:_____

Contact Phone Number:_____ Contact's Email Address:_____

GENERAL INFORMATION

1. Type of entity: ☐For Profit ☐Not for Profit ☐Governmental ☐Other
2. Number of years in operation: _____
3. Annual Operating Budget: _____
4. Is this facility licensed? ☐Yes ☐No (If yes, please provide a copy of all licenses)
5. Has any license ever been suspended or revoked? ☐Yes ☐No
   a. If yes, please explain _____
6. Has any staff member ever had their professional license revoked or suspended? ☐Yes ☐No
   a. If yes, please provide the name of the staff member(s), reason for and the date of revocation/suspension and the length of time the employee(s) has been with your facility

   _____
7. Is the facility accredited? ☐Yes ☐No
   a. If yes, by whom? _____
8. For how many beds is the facility licensed? _____
9. Please provide the number of residents that you have in each age group:
   a. Under 18: _____ 19-64: _____ 65+: _____
10. What is the ratio of staff to residents? Day _____ Night _____
11. Please provide the number of non-ambulatory residents: _____
12. Does the insured provide any memory care for Alzheimer's and Dementia? ☐Yes ☐No
    a. If yes, what percentage of their clients receive Memory Care services? _____
13. Does the insured provide hospice services? ☐Yes ☐No
14. Does your facility provide treatment, care, or services for convicted sexual offenders? ☐Yes ☐No
    a. If yes, please explain the program _____
15. Is the home Co-Ed? ☐Yes ☐No
16. Do residents have private rooms? ☐Yes ☐No

LIABILITY INFORMATION

1. Does your current policy include Professional Liability? ☐Yes ☐No
2. Does your current policy provide Abuse & Molestation Coverage? ☐Yes ☐No
3. Have you had any lawsuits, mediations, arbitrations, or negotiated settlements in the past (5) five years? ☐Yes ☐No
   a. If yes, please explain: _____
4. Are you aware of any circumstances which may give rise to a general liability and/or professional liability claim? ☐Yes ☐No
   a. If yes, please explain: _____

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5. Does the applicant verify employment-related references? ☐ Yes ☐ No
6. Does the applicant perform a criminal background investigation, including sexual abuse or child abuse-relatedoffenses?
   a. On prospective employees and volunteers? ☐ Yes ☐ No
   b. On existing employees and volunteers? ☐ Yes ☐ No
   c. How often? _____
7. Does the applicant discuss the following items at staff orientation?
   a. Abuse and Molestation? ☐ Yes ☐ No
   b. How to recognize the signs of abuse? ☐ Yes ☐ No
   c. What to do if an individual reports abuse or molestation? ☐ Yes ☐ No
8. Does the applicant have knowledge of any incident which would give rise to, or result in, an allegation of sexual abuse? ☐ Yes ☐ No
   a. If yes, please explain: _____
9. Has there ever been an allegation of sexual abuse made against the insured? ☐ Yes ☐ No
   a. If yes, please explain: _____
10. What is the annual employee turnover rate? _____
11. Does the applicant have a written safety plan? ☐ Yes ☐ No
12. Are employees trained on proper lifting techniques? ☐ Yes ☐ No
13. Are gait belts used? ☐ Yes ☐ No
14. Are mechanical lifts utilized to assist in lifting? ☐ Yes ☐ No
15. Do employees handle client's money, checkbooks or credit cards? ☐ Yes ☐ No
   a. If yes, please explain: _____
16. Do employees administer medication? ☐ Yes ☐ No
   a. If yes, does the insured keep a written log including the date, time, type, and amount of medication that was administered? ☐ Yes ☐ No
17. Do employees assist with any of the following personal care/hygiene:
   a. Bathing ☐ Yes ☐ No
   b. Toileting ☐ Yes ☐ No
   c. Dressing ☐ Yes ☐ No
   d. Other _____
18. Does the insured provide any wound care? ☐ Yes ☐ No
19. Are all employees trained on bed sore prevention? ☐ Yes ☐ No
20. Are all employees trained in CPR/AED? ☐ Yes ☐ No
21. Does the insured have a temperature control on the hot water heater? ☐ Yes ☐ No
22. Does the insured have alarms on doors to notify them of resident elopement? ☐ Yes ☐ No
23. Are CCTV cameras installed in the facility ☐ Yes ☐ No
   a. If so, what areas are covered _____
24. Are all restrooms equipped with grab bars? ☐ Yes ☐ No
25. Are staff members trained in non-violent crisis intervention ☐ Yes ☐ No
26. What type of method is used for de-escalation? _____
27. What is your physical restraint policy? _____

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28. How often are resident's rooms inspected? _____
29. How often are bed checks performed? _____ ☐Random ☐Scheduled
30. Is there an arbitration clause in resident contract? ☐Yes ☐No
31. Does the resident contract contain a hold harmless clause for elopement or falls? ☐Yes ☐No
32. Are Residents allowed to cook their own meals? ☐Yes ☐No
    a. If so, is this done in in-room kitchens or a common area? _____

Staff Classification:	Employees	Contractors	Volunteers
Aides			
Counselors			
LPN's			
Nurse Practitioners			
Occupational Therapists			
Pharmacists			
Physical Therapists			
Physicians*			
Psychiatrists			
Psychologists			
RN's			
Social Workers			
Total			
If there is an employed physician or if services are provided in the capacity of a physician, coverage is not available			

AUTO

1. Does the insured provide transportation for residents? ☐Yes ☐No
   ☐Employee vehicles ☐Both
2. What is the average distance that an employee will drive his/her own vehicle for work purposes per week? _____
3. Does the insured require confirmation that all employees using personal vehicles carry auto insurance with limits of $100,000/$300,000/$100,000 or higher? ☐Yes ☐No
4. How often is insurance coverage verified? _____
5. Are MVR's reviewed prior to hire for all drivers? ☐Yes ☐No
6. Does the insured operate any vehicles with wheelchair lifts? ☐Yes ☐No
7. Are employees trained on the proper way to secure wheelchairs prior to operating vehicles? ☐Yes ☐No

New York - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

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WORKERS COMPENSATION QUESTIONNAIRE

FEIN#: _____

Payroll Estimates by Class Code:

Class Code	Payroll

Class Code	Payroll

Number Of Employees by Class Code:

Class Code	Number Of Employees

Class Code	Number Of Employees

Ownership Information/Breakout up to 100%:

Owner(s)	Percentage of Ownership

Are you currently operating? ☐Yes ☐No

Are you Medicaid certified? ☐Yes ☐No

Is there common ownership in any other companies? ☐Yes ☐No

Do owners which to be included or excluded in coverage? ☐Yes ☐No

Does the company have any safety policies or hazard control practices? ☐Yes ☐No

If Yes, please describe: _____

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Agency Name: RiskPoint Insurance Advisors