

WESTERN NATIONAL INSURANCE GROUP

Western National Mutual Insurance
Pioneer Specialty Insurance

Western National Assurance
Umialik Insurance Company

Home Healthcare Supplement

1. How many years have you been in business? _____ Describe your business operations _____

2. What level of license does your operation hold? _____
3. List number of staff: Full Time _____ Part Time _____ Independent Contractors _____
4. What is the average length of employment of your staff? _____
5. Do you provide benefits for your employees? Yes No
Describe: _____
6. Does any staff have medical training or education/certification? Yes No
If yes, describe level of service they provide: _____
7. How many clients do you serve? _____ How many are non-ambulatory? _____
How do you obtain your clients? _____
8. Do employees drive: Company Owned Vehicle Personal Auto
9. Provide number of clients for each category:
Elderly _____ Chronically ill _____ Mental Disability _____
Terminal _____ Physical Disability _____ Other _____
10. Check the services provided by your staff:
_____ Cooking _____ Bathing _____ Housekeeping _____ Transportation
_____ Errands _____ Visitation _____ Medical Care (if checked, provide description of level of care)

11. Are you involved in lifting/transferring of your clients? Yes No
If yes, is training on proper lifting provided? _____
12. Are lifting devices used? Yes No
If yes, is training on proper device usage provided? _____
13. Do you use volunteers? Yes No
If yes, how many and in what capacity _____
14. Do you employ relatives of the client as their care provider? Yes No
If yes, describe: _____
15. How many care providers are employees of: Agency _____ Client _____

16. Who has ultimate control in training and supervision of employees? Agency _____ Client _____
17. Do you provide 24-hour care services? Yes No
If yes, please describe _____

18. Describe your employee selection/hiring/training process: _____

19. Do you complete client needs assessments? Yes No
Describe _____

20. List percentage of your sources of funding: Medicare _____% Medicaid _____% Private Pay _____%
21. Do you transport clients? Yes No
If yes, please describe _____

22. Do you obtain proof of motor vehicle insurance from your care providers? Yes No
23. Do you require a specified motor vehicle insurance liability limit? Yes No
If yes, what limit do you require? _____
24. How often do you obtain/review motor vehicle driving records? Pre-employment Annually
 Semi-annually Other (Describe) _____
25. Describe your employee supervision procedures: _____

26. Do you conduct employee safety/training meetings? Yes No
Describe _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. **(Not applicable in MN, OR, or WA)**

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

OREGON: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

Dated _____ Dated _____

Agent's Signature
Signature of Applicant
(Must be signed by Named Insured)