



## Health Care Supplement Questions

1. Enter the values for each occupation below:

### Registered Nurses

# Full-Time Employees	# Part-Time Employees	Average Hourly Wage
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### Licensed Practical Nurses

# Full-Time Employees	# Part-Time Employees	Average Hourly Wage
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### Home Health Aides

# Full-Time Employees	# Part-Time Employees	Average Hourly Wage
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### Personal Care Aides

# Full-Time Employees	# Part-Time Employees	Average Hourly Wage
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### Office/Administrative

# Full-Time Employees	# Part-Time Employees	Average Hourly Wage
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### Management

# Full-Time Employees	# Part-Time Employees	Average Hourly Wage
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### Other

# Full-Time Employees	# Part-Time Employees	Average Hourly Wage
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If other, please describe occupation(s):

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2. How many traveling employees are under 21 years old?

3. How many traveling employees are over 60 years old?

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4. Please describe the services you provide:

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5. Are you a not for profit organization?

6. Do you have clients for whom you provide only personal care, domestic care or similar services that would not be considered professional medical care?

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7. How many years has the organization been in business?

8. How many years has there been continual worker's compensation coverage?



## Health Care Supplement Questions (Continued)

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9. What is the typical radius (in miles) of any of your traveling employees?
10. What is the maximum radius (in miles) of any of your traveling employees?
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11. What is the maximum number of minor violations and at fault accidents (in combination) in a 3 year period for all traveling employees?
12. What is the maximum number of major violations (dui, reckless op, eluding, felony, etc.) in a 3 year period for all traveling employees?
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13. Do you have an enforced seatbelt policy?
14. Do you require a vehicle maintenance checklist?
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15. Do you require a vehicle travel log?
16. Is a new patient intake evaluation performed upon initial visit to a client's premises?
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17. What is the total annual revenue?
18. What is the total number of clients?
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19. What is the average number of clients per care provider?
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20. Hiring and employment practices include:
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21. What occupation(s) do you provide license and certification checks?



## Health Care Supplement Questions (Continued)

22. Training/testing includes:

Describe the frequency of the above training/testing:

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23. Describe instances in which lifting equipment or two person lifts are utilized:

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24. Do you make use of temp services/independent contractors?

25. Are certificates of workers compensation insurance obtained for all temp services and/or independent contractors?

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26. Do you utilize any 1099 employees?

If yes, describe how frequent and for what purposes:

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27. Describe any service provided through volunteers:

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28. Do you perform any of the following services?

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29. Describe any personal, domestic or other non-professional care services?

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Applicant

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Signature

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Date