ONE80 INTERMEDIARIES

Healthcare Supplemental Application
Workers' Compensation

I. BACKGROUND AND OPERATIONS

Applicant Name: DBA's (if any):

1. Does Common ownership (> 50%) exist with any other operations? Yes No
2. Website:
3. Date business first began:
4. # of years under current ownership:
5. Total # of employees:
6. Total # of full time employees:
7. Total # of part time employees:
8. Total # of W2 employees:
9. Total # of 1099 employees:
10. 1099's show proof of Workers' Comp coverage? Yes No
11. Total # of volunteers:
12. What % of operations is temp staffing? %
13. Are 24-hour services provided (other than in shifts)? Yes No
14. What % of employees are live-in caregivers? %
15. What % of employees care for their own family members? %
16. Agents of clientele served? < 19 % 19-55 % > 55 %
17. Are motor vehicles checked at least annually? Yes No N/A
18. Is group transportation provided? Yes No
19. If a facility is owned, is it OSHA compliant? Yes No N/A

II. SERVICES PROVIDED (check all that apply)

In-Home – Skilled Nursing
In-home – Non-Professional
Hospice Provider
Physical Rehab Facility
Senior Skilled Nursing Facility
ALF / Assist. Residential Homes
Progressive Senior Living
Senior Day Center
Community Hospital
Addiction Treatment Services
Behavioral Health Services
Developmentally Challenged

III. WHERE EMPLOYEES PERFORM WORK (check all that apply)

Personal Residences %
Senior Care Facility %
Physical Rehab Center %
Hospice Center %
Hospitals %
Outpatient Facility %
Impatient Facility Center %
Doctor / Dentist Office %
Community Center %
Day Center %
Schools %
Correctional Facilities %
Mobile Units %
Remote Home Offices %
Corporate Office %
Other:

IV. SAFETY PROGRAMS & TRAINING (check all that apply)

New Employee Orientation Program
Formal accident/injury investigation
Labor/Management Safety Committee
Proper Patient Handling/Transfer Training
Patient Lists Provided & Utilized
Drug Free Workplace Program
Written Safety Manual
Formal Written Accident Report
Safety Incentive Program
Post-Accident Drug Testing Team
Lifting Procedures Employed
Combative Patient Training
Safe Handling & Disposal of Needles/Sharps
Workplace Violence Training and Procedures
Bloodborne Pathogens/Infectious Disease Training
Return to Work/Light Duty Program in place
Home site safety surveys conducted & documented
Other:

V. HIRING AND SCREENING PRACTICES (check all that apply)

Written application
Reference Checks
Pre-hire physical
Pre-Hire Drug Testing
Employee Handbook w Sign Off
Formal job description provided
Validate Work History
Child Abuse Clearance
Criminal background checks
Personal Interview (virtual or in-person)
Verification of certification and/or licenses
Documentation or any pre-existing injuries

VI. PRIOR WORKERS' COMPENSATION INFORMATION (check all that apply)

	Current Year	Prior Year 1	Prior Year 2	Prior Year 3	Prior Year 4
Premium:					
Payroll:					
Carrier:					

Has the applicant had continuous WC coverage for the past 2 years? Yes No
Has the applicant's WC insurance been canceled for nonpayment within the last 3 years? Yes No
Has the applicant's WC been canceled or non-renewed for Underwriting Reasons? Yes No

This information is accurate and complete to the best of my knowledge and represents the operations and exposures of the above applicant

Name (printed): Signature: Date: