

## 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):

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

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

4. Please describe the services you provide:

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?

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

Signature

Date