

Home Health Care / Assisted Living Supplemental Risk Questionnaire

1. Legal name:

2. Is there a written safety program? Yes No
(If yes, please attach a copy)

3. Payroll and premium information for the current year and last three (3) years:

Year	Payroll	Premium
Current:	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
1 st Prior:	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
2 nd Prior:	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
3 rd Prior:	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>

4. Is lift equipment available? Yes No *If yes, how many?*

5. Is there a lift program in place? Yes No *If yes, are there teams for lifts?* Yes No
What type of equipment is used?

6. How many beds are there?

7. What is the employee turnover rate?

8. How many W-2's were sent out last year?

9. Is there a safety bonus incentive? Yes No

10. Is there transportation of residents? Yes No *If yes, daily?* Yes No
How many vehicles?

11. What is the number of back injuries incurred over the last twelve (12) months?

12. What is the hourly rate for each of the following?

1) CAN:

2) LPN:

3) RN:

13. Does the company contribute towards health insurance? Yes No

14. Does the company contribute towards 401k? Yes No

To the best of my knowledge, all of the information I have given about my business is true and correct.

Officer or Owner of Business

Date

