



CARDINAL COMP

Home Health Care Supplemental Application

Applicant Name:

Applicant Address:

Description of Operations

Non-Profit For Profit

Average miles driven daily by your care providers?

Average number of stops per day?

Average Length of stay at each client?

Human Resources:

Physical Capabilities Tests	Yes	No	Post-Offer Pre-Placement Questionnaire	Yes	No
Criminal Background Check	Yes	No			

What employee benefits are offered to new hires?

Participation % in Group Health Coverage:

of FT employees:

of PT employees:

Any 1099 used without a Work Comp COI? Yes No

If yes, please provide details.

Average Wage for field workers

Do you engage / employ relatives of clients to provide services? Yes No

If so, what screening processes are in place?

Estimated # of volunteer hours from the previous calendar year?

Is there an expectation of Work Comp coverage for these people? Yes No

If not, are any other coverages in place to address this exposure? Yes No

Safety Programs:

MVR checks?	Pre-hire	Yes	No	At least annually	Yes	No
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Other:

Frequency of Defensive Driving Training?

Frequency of Patient Handling training?

Frequency of Combative Patient Training?

Frequency of your Safety Committee meetings?

Frequency of Blood Borne Pathogen training?

Formalized Accident Investigation in place?

Cost Containment Programs:

Formal Light Duty / Return to Work Program? Yes No

How is light duty accommodated?

Drug Testing Program (check all that apply):

Pre-hire Post-Accident Random For-cause

Testing Method (check all that apply):

Saliva Blood Urine Hair

of drugs tested for:

What are your claim reporting practices to the insurance carrier?

To what extent do you self-handle claims?