



## Home Healthcare/Medical Staffing Agency Application

8. Description of employees or contracted personnel:

	# of Employees	Do all workers carry their own insurance?	Number of Independent Contractors	Where are services rendered?			
				Yes or No	% in Hospital	% in Assisted Living	% in Nursing Homes
Aids							
LPN's							
RN's							
Nurse Practitioner							
Physical Therapist							
Respiratory Therapist							
Occupational Therapist							
Speech Therapist							
Counselors							
Pharmacist							
Physician Assistant							
Other _____							

9. Types of Services Provided % (total must equal 100%)

Adult Day Care	_____%	Hospice	_____%
Child Day Care	_____%	Pediatric Care	_____%
Closed Pharmacy	_____%	Obstetrical Care	_____%
Infant Care	_____%	Clinics	_____%
Infusion Therapy	_____%	Physicians Office	_____%
Personal Care or Companion	_____%	Other Services	_____%

Please describe other services: \_\_\_\_\_

10. Are employees/contractors references contracted before hired/placed? Yes    No

How are references checked? Written Verbal Both

If "verbal only", please explain: \_\_\_\_\_

\_\_\_\_\_



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29. Do you require temporary workers to maintain their own professional liability policies? Yes    No
30. If providing Supplemental Staffing to a hospital, please indicate departments staffed %:  
 (must equal 100%)
- |   |      |                  |      |
|---|------|------------------|------|
| Emergency Room                          | ___% | Labor & Delivery | ___% |
| Intensive Care                          | ___% | Other (specify)  | ___% |
| Revenues from these operations \$ _____ |      |                  |      |

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a “CLAIMS MADE” or “CLAIMS MADE AND REPORTED” basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an “OCCURRENCE” basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

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**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to Conway E & S, Inc, 100 Allegheny Drive Suite 100 Warrendale, PA 15086

Applicant's Name: \_\_\_\_\_

Signature \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_