

Senior Care Liability

COVID Questionnaire

| Applicant Information | | | |
|------------------------------|-------|--------|------|
| Legal Name: | | | |
| Mailing Address: | City: | State: | Zip: |

| Questions Apply to All Facilities | | |
|--|---|--|
| 1 | Do you currently have COVID patients? If so, what is the number? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Are COVID patients isolated for staff and visitors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | Do you have a written policy for addressing COVID and its prevention? <i>Please attach.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | Are you involving the local public health department if you suspect you have a patient with COVID? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | What protocols are in place for employees who have known or suspected COVID exposure or infection? | |
| 6 | What employee travel restrictions have you imposed, if any? | |
| 7 | What Personal Protective Equipment is available to staff and patients, and how are you training staff in its use? | |
| 8 | What is your contingency plan in the event of staffing shortages? | |
| 9 | Have you identified dedicated staff to care for suspected or known COVID patients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | Has the facility's Emergency Preparedness team been assembled and preparing for a potential spread of COVID? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 | Does the facility have a designated Infection Preventionist? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12 | When was the Emergency Preparedness Plan last updated? _____ | |
| 13 | Have all employees including housekeeping, Registry, and traveling staff received in-service COVID infection control training, including, but not limited to: personal protection equipment, hand hygiene, cleaning and disinfection of environmental surfaces? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14 | Is a formalized communication plan in place to disseminate up-to-date information about coronavirus surveillance and prevention to residents and their families? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15 | What is your crisis communication mechanism for responding to media reports and resident/ family concerns? | |
| 16 | Are you following the current CDC and CMS guidance regarding the following? Visitation Screening of residents and employees Group activities and communal dining | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |



APPLICANT
SIGNATURE: _____

DATE: _____

PRINT NAME: _____

TITLE: _____

The information contained in and submitted with this Supplemental Application is on file with the Underwriter, and will be considered physically attached to, part of, and incorporated into both the Application and the policy, if issued.

NOTE: This Application must be signed by the Chairman or President of the Applicant acting as the authorized agent of all individuals and entities proposed for this insurance.

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