



Social Services - Hospice/Caregiver Supplemental Application

HOSPICE

1. Type of Organization (check that which applies) ☐ In Home Hospice ☐ Institutional Hospice
2. Does Organization contract with physicians or nurses? ☐ Yes ☐ No
If yes, are certificates of general liability and medical malpractice insurance provided by these professionals to the Hospice? ☐ Yes ☐ No
3. Does Organization provide Hospice care services to adults (18 & over) only? ☐ Yes ☐ No
4. Does Organization own and operate a pharmacy? ☐ Yes ☐ No
5. Is the Organization involved in the manufacture, sale or leasing of medical equipment or with the maintenance of medical equipment for others? ☐ Yes ☐ No
6. Does the Hospice Organization utilize the services of personnel who are licensed or experienced in treating terminally ill patients? ☐ Yes ☐ No
7. If an Institutional Hospice, does Organization have controls in place to assure a proper staff to patient ratio? ☐ Yes ☐ No
8. If an Institutional Hospice, does building exceed one story? ☐ Yes ☐ No
If yes, are all patients located on the first floor? ☐ Yes ☐ No
9. If an Institutional Hospice, does Organization have a building evacuation plan that is posted and illuminated emergency exits that are clearly marked and free of obstructions? ☐ Yes ☐ No
10. Does Hospice Organization comply with the rules and regulations of the Federal Drug Enforcement Agency? ☐ Yes ☐ No
11. Does Organization have a physician on call 24 hours per day? ☐ Yes ☐ No
12. Does Organization have an established plan to deal with emergencies? ☐ Yes ☐ No
13. Does Organization require medical charting and keep medical records on all patients? ☐ Yes ☐ No
14. Does Organization provide respite care? ☐ Yes ☐ No
15. Does Organization have a formal procedure in place for reporting accidents or incidents involving patients? ☐ Yes ☐ No
16. Does Organization have formal, documented training and procedures in place for the following:
 - a. Disposal of medical waste? ☐ Yes ☐ No
 - b. AED (Automated External Defibrillator) Training? ☐ Yes ☐ No
 - c. Use of medical equipment? ☐ Yes ☐ No
 - d. First Aid? ☐ Yes ☐ No
 - e. Food preparation according to dietary constraints? ☐ Yes ☐ No

CAREGIVERS

17. Does Caregiver Organization provide caregiver/home companion services on an overnight stay basis? ☐ Yes ☐ No
18. Does Caregiver Organization provide services to non ambulatory clients or clients afflicted with dementia? ☐ Yes ☐ No
19. Does Caregiver Organization provide legal or financial services to clients? ☐ Yes ☐ No
20. Does Caregiver Organization have in excess of 100 employed/volunteer caregivers? ☐ Yes ☐ No
21. Does Caregiver Organization provide medical treatment? ("Medical Treatment" can be defined as treatment other than first aid that is administered by a physician or any other professional treatment provider). ☐ Yes ☐ No

This supplemental application is incorporated into and is deemed a part of the other application(s) submitted in connection with the requested insurance. Any and all notices and representations included in such other application(s) are incorporated by reference in this supplemental application as though fully set forth herein.

Agent's signature: _____
(Required in New Hampshire)