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| ***ENTITY INFORMATION*** |
| Named Insured: |
| ***CHECK SERVICES PROVIDED*** |

Nursing Care  Social Work  Driving Clients for Appointments

Meal Preparation  Blood Testing  Feeding

Running Errands  Speech Therapy  Dressing

Laundry  Bathing  Medication Management

Housework  Medical Therapy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total annual home healthcare payroll: | | | |  |
| How many employees provide in-home services? |  | How many volunteers? |  | |
| Percentage of clients who are non-ambulatory: | | | | |
| Do you sell or rent medical equipment? | | | | Yes  No |
| Amount of receipts for sales and rentals: $ | | | | |
| Do you have written procedures in place to prevent theft from clients’ homes? | | | | Yes  No |
| How are these procedures monitored? | | | | |
| What type of training does staff receive? | | | | |
| Are volunteers required to complete the same training? | | | | Yes  No |
| Are medications administered? | | | | Yes  No |
| Are visits documented? | | | | Yes  No |
| Do care providers use their own vehicle? | | | | Yes  No |
| Do you verify auto insurance? | | | | Yes  No |

**COMPLETED SUPPLEMENTS MUST BE SUBMITTED TO:**

BYRON RICHE PHONE: (800) 407-2027

CLEAR RISK SOLUTIONS FAX: (509) 754-3406

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