



SCHATZ INSURANCE



- 3) Are criminal background investigations, including sexual abuse or child abuse-related offenses, obtained for all:
- a. Prospective employees and volunteers? Yes No
- b. Existing employees and volunteers? Yes No
- How often? _____
- 4) Has there ever been an allegation of sexual abuse made against the hospice? Yes No

STAFF

- 1) Please indicate the number of personnel per class: (Personnel may have more than one description)

| Classification | Employees | | Contractors | | Volunteers | |
|-----------------------|-----------|-----------|-------------|-----------|------------|-----------|
| | Full-Time | Part-Time | Full-Time | Part-Time | Full-Time | Part-Time |
| Aides | _____ | _____ | _____ | _____ | _____ | _____ |
| Counselors | _____ | _____ | _____ | _____ | _____ | _____ |
| Medical Directors | _____ | _____ | _____ | _____ | _____ | _____ |
| Nurses (all licenses) | _____ | _____ | _____ | _____ | _____ | _____ |
| Physicians | _____ | _____ | _____ | _____ | _____ | _____ |
| Psychiatrists | _____ | _____ | _____ | _____ | _____ | _____ |
| Psychologists | _____ | _____ | _____ | _____ | _____ | _____ |
| Social Workers | _____ | _____ | _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Total | _____ | _____ | _____ | _____ | _____ | _____ |

COVERAGE OPTIONS: check coverage desired

- 1) Property of Residents (\$2500 per resident/ \$25,000 aggregate)
- 2) Employee Theft of Residents Personal Property (\$2500 per resident/\$25,000 annual aggregate)
- 3) Residential Facility-Damage to Property of Others (\$5000 per claim/\$25,000 annual aggregate)

NOTE: For Workers Compensation please contact Patrick Schatz.

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

| | | |
|-----------------------|-------------|-------|
| _____ | | _____ |
| Applicant's Signature | | Date |
| _____ | _____ | _____ |
| Agent's Signature | Agency Name | Date |

To complete the submission, the following are required:

- 3-5 Year Loss History
- All Waivers
- Brochures and Advertising Literature
- Written Return to Work Policy and Internet Use Policy
- Vehicle Schedule – Year, Make, Model
- Property Schedule – Year Built, Construction, Replacement Cost, Content Limit for each location
- Equipment Schedule – Year, Make, Model, and Value to Insure For

SUBMIT