HOSPITAL/HEALTH CARE SUPPLEMENTAL APPLICATION

Applicant: _____ ☐ **New application**
Address: _____ ☐ **Renewal of policy number** _____

Representative: _____ **Effective date:** _____

1. Does the applicant own, lease, charter or operate a fixed wing aircraft or helicopter? ☐ **yes** ☐ **no**
If YES to any of the above, an Aircraft Supplemental application must be completed.

2. Does the applicant provide medical staff for any fixed wing aircraft or helicopter operations? ☐ **yes** ☐ **no**

3. Does the applicant have a helipad on premises? ☐ **yes** ☐ **no**

4. Does the applicant own any ambulance or EMT units? ☐ **yes** ☐ **no**

5. Does the applicant provide employees for ambulance or EMT units not owned by the applicant? ☐ **yes** ☐ **no**

6. Does the applicant have any laboratories that are rated for biosafety level 3 or 4? ☐ **yes** ☐ **no**

7. Has the applicant received any OSHA or JACHO (Environment of Care) violations in the past 5 years?
☐ **yes** ☐ **no**

8. Does the applicant have antibiotic-resistant infection protocols in place? ☐ **yes** ☐ **no**

9. Does the applicant provide home health care? ☐ **yes** ☐ **no** (If YES, complete the following)
Volunteers shall be classified and rated in accordance with the appropriate classifications or classifications usual to paid employees engaged in similar occupations. If payroll or remuneration is not determinable, minimum wage may be used.

10. Does the applicant intend to cover volunteer employees, if allowed by state statute? ☐ **yes** ☐ **no**

11. Do any employees provide medical care for disaster situations? ☐ **yes** ☐ **no**

12) Comments:

This is NOT a binder of coverage. The application must be signed by the applicant or the applicant's representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Applicant's Representative's Signature: _____

(Please type name, title, and company of submitting broker)

Date: _____

SAFETY NATIONAL CASUALTY CORPORATION

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