



COVID-19 Non-Emergency Transportation

Workers Compensation
Supplemental Application

Employer Name: _____

Website: _____ Phone Number: _____

Primary Contact: _____ Email: _____

Address: _____

Description of Operations: _____

Payroll, Premium & Experience Mod History

Please fill in the correct amount for each of the following:

Category	Expiring Year	Prior (1)	Prior (2)	Prior (3)	Prior (4)
Payroll					
Premium					
Experience Mod					

General Information

- Do you have an individual assigned to manage your infection control program? Yes No

If yes, what is their name and title? _____
- Do you knowingly transport patients testing positive for COVID-19? Yes No

If yes, approximately what % of your clients are COVID-19 positive? _____
- When working with a COVID-19 positive patient, is the level of contact with the patient comprehensively documented? (For example: no contact with patient, provided direct patient care and level of PPE worn?) Yes No
- Do you have employees currently testing positive for COVID-19? Yes No

If yes, how many? _____
- Do you provide COVID-19 testing for your healthcare personnel? Yes No

If yes, what is your average turnaround time? _____
- Do you have a non-punitive sick leave policy to prohibit potentially contagious staff from working? Yes No
- Do you provide additional training to staff on hand washing and personal protective equipment (PPE) related to the Covid-19 pandemic? Yes No



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8. Do you have health screening measures for personnel at the beginning of their shift during a pandemic? Yes No

9. Are employees required to wear isolation/surgical masks at all times? Yes No

10. How many weeks of PPE (masks/gloves/face protection/gowns) do you maintain on your premises?

11. What is your protocol for employees who have known or suspected COVID-19 exposure or infection?

12. Are the following steps taken to clean transport vehicles following transportation of a COVID-19 positive patient? Yes No
Vehicle is cleaned in accordance with standard operating procedures. All surfaces that have come in contact with patient or materials contaminated during patient care are thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.

During vehicle cleaning, personnel wear disposable gowns and gloves, as well as respirator/facemask to protect themselves from infection. Yes No

Standard operating procedures are followed for the containment and disposal of used PPE. Yes No

Standard operating procedures are followed for the containment and laundering of used linens. Yes No

13. Are employees required to be vaccinated? Yes No

14. What percentage of employees have been vaccinated? _____

Applicant Signature

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to provide the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the Company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____