



PROGRAM UNDERWRITERS

INSTRUCTIONS:

- 1 Please complete all sections (A through G)
2 Please sign and date the application on the Warranty page

A. Applicant Information

- 1 Corporate Name:
2 Address:
3 Website:

B. Infection Prevention and Control Program (IPCP) Infrastructure

- 1 Does the facility have written infection prevention and control policies and procedures that are based on current CDC guidelines?
2 Does the facility have evidence of mandatory personnel infection prevention and control training?
3 Does the facility have a designated individual(s) that maintains ongoing specialized training in infection prevention and control?
4 Does the facility have plans developed by its Quality Assessment and Assurance Committee that addresses incidents of communicable disease that are identified in the facility?
5 Does the facility have a system in place for early detection and management of potentially infectious symptomatic residents at the time of admission, including implementation of precautions as appropriate?

C. Hand Hygiene

- 6 Do all personnel receive training and competency validation on Hand Hygiene (HH) at the time of employment and at least once every 12 months?
7 Does the facility have a written and implemented resident HH policy?
8 Does the facility have soap, water and sink in readily accessible areas including resident care areas, food and medication preparation areas?
9 Does the facility have alcohol based hand rub in readily accessible areas such as entrances to the facility, entrances to resident rooms and at staff workstations?

D. Transmission-Based Precautions

- 10 Does the facility have policies and procedures for transmission-based precautions to be followed to prevent the spread of infections?
11 Does the facility place residents with known or suspected infections or with evidence of symptoms that represent an increased risk for transmission in private rooms?
12 Does the facility have written policies and procedures to ensure that after a resident is discharged, all surfaces are thoroughly cleaned and disinfected and all linens and towels are replaced?

E. Environmental and Employee Policies

- 13 Does the facility have cleaning/disinfecting policies which include routine and terminal cleaning and disinfection of resident rooms, high touch surfaces and common areas? _____ Yes _____ No
- 14 Does the facility have cleaning/disinfecting policies which include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment, etc.)? _____ Yes _____ No
- 15 Are employees encouraged to report illness to their supervisor and call out sick? _____ Yes _____ No

F. COVID-19 Precautions

- 16 Has the facility restricted visitors for the time being? _____ Yes _____ No
- 17 Does the facility have any residents that have tested positive or they suspect may have coronavirus? _____ Yes _____ No
IF YES, PLEASE PROVIDE NUMBER OF RESIDENTS _____
- 18 Are residents required to practice 'Social Distancing' in all common areas? _____ Yes _____ No
- 19 Please provide protocols if an employee, new resident, visitor arrives on premises with symptoms of acute respiratory disease (fever, cough, difficulty breathing). _____

- 20 How often is shared equipment cleaned (blood pressure cuffs, stethoscopes, chairlifts, etc.)? _____

- 21 What type of coordination is in place with local Health Departments should it become necessary to contact them? _____

G. COVID-19 Vaccinations

- 22 What percentage of current residents have received a COVID-19 vaccine? _____
- 23 Who is administering the vaccine to residents? _____
- 24 What is the protocol for new admissions to get vaccinated if needed? _____

H. Warranty Statement

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSONS AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE INSURER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT WILL NOTIFY THE INSURER WHO MAY MODIFY OR WITHDRAW ANY QUOTATION.

THE INFORMATION CONTAINED AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER AND, ALONG WITH THE APPLICATION, IS CONSIDERED TO BE PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF THE POLICY ISSUED.

Print Applicant Name: _____

Applicant Signature: _____

Title: _____

Date: _____