UNIQUE RISKS LTD.
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# RESIDENTIAL SERVICES QUESTIONNAIRE

**PLEASE ANSWER ALL QUESTIONS**
**IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

1. **Name of Applicant:** _____
   (And all Subsidiaries) _____
2. **Mailing address**: _____
   _____ **Website Address**: _____
3. How long has applicant been in business under the above name?: _____
4. **Description of Business Operations**: _____
   _____
   _____
   _____
5. a) Describe particular problems, conditions or behaviour pattern which the home deals with:
   _____
   _____

   b) Any medication administered? ..... ☐ YES ☐ NO

   If yes, please specify: _____

   c) Are residents checked for allergies? ..... ☐ YES ☐ NO

   Are EPIPENS available and staff trained how to use them? ..... ☐ YES ☐ NO

   d) Are any abnormal psychiatric conditions catered to?..... ☐ YES ☐ NO

   If yes, please specify: _____

   **e) Attach copy of emergency safety procedures currently in use.**

   Are the premises equipped with all required fire/smoke/ detection devices and fire extinguishers?

   Is there a maintenance contract in force for any alarms or fire extinguishing equipment?

   _____

f) What policies and procedures are in place to cope with medical procedures and/or emergencies?

_____

_____

g) Does the applicant employ any medical staff – i.e., doctors, nurses, therapists, etc.? ☐ YES ☐ NO

_____

6. How long has Applicant been operating? _____ Revenue: _____

Have any of the principals, in the past 10 years, operated another similar business? ☐ YES ☐ NO

**If yes, please attach full details on a separate sheet.**

7. a) Total number of: Employees – salaried _____ Employees - contracted _____

Independent Contractors _____ Volunteers _____

Franchises _____ Franchise's Employees _____

Describe work performed for Applicant by independent contractors or sub-contractors:

_____

_____

Is evidence of Liability Insurance obtained from all independent contractors or sub-contractors: ☐ YES ☐ NO

If "No", please explain: _____

If "Yes", please advise what limits they are required to provide: _____

8. Does applicant have any agreements assuming liability? ☐ YES ☐ NO

If so, p lease describe and provide copies.

b) How many people in Applicant's care? Children or juveniles _____

Mentally or physically challenged adults _____

Others: _____ _____

c) How many beds are available? _____

d) How many employees care for: Children or juveniles _____

Mentally or physically challenged adults _____

Others: _____ _____

| Occupation of Employee | Professional Accreditation | Emergency Medical Training (if any) | Works With | |
|---|---|---|---|---|
| | | | Children | Adults |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Are all employees covered under WSIB? ☐ YES ☐ NO

If "No", please list numbers by job description and estimated payroll. _____

_____

9. What procedures are followed to screen prospective employees? ☐ Check institutional references

☐ Police check

☐ Others – Define: _____

10. Please indicate facilities available for residents:

Booking in rooms ☐ YES ☐ NO T.V. Room ☐ YES ☐ NO

Games room ☐ YES ☐ NO Other, please describe: _____

11. Security arrangements:

Hall monitoring ☐ YES ☐ NO Safety checks ☐ YES ☐ NO

Alarms on exits ☐ YES ☐ NO How many staff on duty or on premises overnight: _____

12. a) Is food prepared by your own staff or outside caterers? _____

Are those responsible aware of and trained to meet special dietary requirements? ☐ YES ☐ NO

b) Are patients allowed visitors? ☐ YES ☐ NO

What policies and procedures are in place? _____

_____

_____

c) Are any field trips, medical visits or other off-premises trips undertaken? ☐ YES ☐ NO

If yes, please describe: _____

_____

_____

d) Are patients ever unsupervised? ☐ YES ☐ NO

Please give details: _____

_____

13. Does applicant presently carry insurance? ☐ YES ☐ NO

If yes, who is present insurer? _____

Premium: _____ Limit : $ _____

Is present insurance Claims Made? ☐ YES ☐ NO If Yes, state retro date _____

Are they willing to renew? ☐ YES ☐ NO

If no, please explain: _____

Does the policy cover all operations of the Insured? ☐ YES ☐ NO

If no, please describe: _____

14. **Claims History**:

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

| | | AMOUNT | | | | |
|---|---|---|---|---|---|---|
| **Date of Occurrence** | **Describe Occurrence And Injury or Damage** | **Reserve** | **Paid** | **Expenses** | **Deductible** | **Status** |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Are you aware of any other incidents which may result in claims against you? ☐ YES ☐ NO

If yes, give details: _____

**15. Non-Owned Automobile**

Number of employees using their automobiles on company business: Regularly _____

Occasionally _____

Estimated annual cost of hired automobiles: $ _____

Estimated annual cost of automobiles (please provide details) $ _____

operated under contract

16. Please indicate limit(s) of liability required: _____

Ω Ω Ω Ω Ω Ω Ω Ω Ω Ω

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

**I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.**

DATED: _____ APPLICANT'S SIGNATURE: _____

**BROKER NAME:** _____

**ADDRESS:** _____

_____

**PHONE NO.:** _____

**FAX NO.:** _____

Email Form Print Form