

HEALTHCARE SUPPLEMENTAL APPLICATION

US SPECIALTY UNDERWRITERS, INC.

6140 Parkland Blvd., Suite 300, Mayfield Heights, OH 44124 (440) 605-6100 Fax (440) 605-6101

Date: _____ Submitted By: _____

Producer: _____

Insured: _____ Address: _____

1.) Do any operations involve exposures to Human Immunodeficiency Virus (HIV)? YES NO
If yes, explain. _____

2.) Have any workers ever been diagnosed with HIV or Aid Related Complex (ARC)? YES NO
If yes, explain number and circumstances. _____

3.) Does the Insured provide clinical testing for the HIV virus? YES NO

4.) Is the insured involved in AIDS related research? YES NO

5.) Does the insured specialize in the treatment of AIDS patients? YES NO

6.) Does the insured provide any at home healthcare services? YES NO
If yes, explain. _____

7.) Does the Insured occupy ambulances, helicopters, or other emergency vehicles? YES NO

If yes, number of leased or owned: Ambulances _____
Helicopters _____
Watercraft _____
Other _____ Explain type _____

What is the average number of employees per aircraft? _____

What is the frequency of flights per aircraft per month? _____

Are the pilots employees of the Insured? YES NO

If no, explain. _____

8.) Is the Insured in compliance with OSHA standards for Blood borne Pathogens and Infectious Disease? YES NO

9.) Has the Insured been sited for any OSHA violations specific to any healthcare operations? YES NO

If yes, explain. _____

10.) Does the Insured have written and enforced Loss Control procedures for the following:
Communicable disease exposures? YES NO
Needle sticks and reporting deadlines? YES NO
Lifting exposures? YES NO
Radiation exposures? YES NO

Explain any negative responses regarding the above categories. _____

