

Covid 19 Supplemental Questionnaire

Applicant/Agency Name (Named insured as it reads on policy):

Mailing Address: _____

City: _____ State: _____ Zip: _____

1. Is your organization in compliance with the standards established by the following agencies?

CDC ☐ Yes ☐ No

OSHA ☐ Yes ☐ No

Local Health Department ☐ Yes ☐ No

2. Please briefly describe how your business operations were impacted by COVID-19.

3. What, if any, changes do you foresee in your operations moving forward?

4. Explain the protocols in place to prevent the spread of the virus within your facilities.

5. What, if any, changes are you making to your protocols as you re-open your facilities?

6. What is your plan for re-opening your facilities or programs?

7. What are your screening procedures for staff and service recipients? (Include procedures and frequency)

8. Is there a sufficient supply of personal protective equipment available to employees and residents? ☐ Yes ☐ No

9. Are you aware of any staff or service recipient that have tested positive for COVID-19? ☐ Yes ☐ No

10. Do you have, or are you aware of any COVID-19 liability claims or incidents? ☐ Yes ☐ No

11. What are your protocols in the event staff and/or service recipient test positive?

12. Do you have the ability to quarantine infected individuals as needed? ☐ Yes ☐ No

13. Do you allow visitors in your facilities? ☐ Yes ☐ No
If so, please describe the screening process.

14. What, if any, changes are being made in your transportation of service recipients?

Signed: _____ (Applicant)

Date: _____

Title: _____
(Must be signed by authorized officer)

Signed: _____ (Agent)

Date: _____

Title: _____