



HEALTHCARE AND MEDICAL FACILITIES SUPPLEMENTAL QUESTIONNAIRE

CLIENT INFORMATION			
Name			
POLICY TERM			
Effective Date		Expiration Date	

Scope of Operations			
	Number of Locations	Describe Operations at Each Location	Are Operations Subcontracted
Health Department			
Clinic			
Jail			
Hospital			
Nursing Home			

Health Departments/Clinics	
Total number of Nursing Staff?	
Total number of Physicians on Staff?	
Total number of other staff?	
Are medications administered?	
Are there policies/procedures in place for administering medication?	
Who administers medications?	
Describe how and where drugs are stored and secured	

Hospitals/Nursing Homes	
Total number of Nursing Staff?	
Total number of Physicians on Staff?	
Total number of other staff?	
Average number of patients?	
Number of non-ambulatory patients?	
Number of stories for each facility?	
Did any facility have any deficiencies on the last state/local, health or building inspection?	
If Yes, describe	
Do all facilities have Hardwire Smoke Detectors?	
Do all facilities have Emergency Lighting?	
Do all facilities have Carbon Monoxide Detectors?	

Do all facilities have Emergency Evacuation Plan?	
If No to any of the above, describe	
Have any facilities experienced fires in the last five years?	
If Yes, provide the number of fires by location	
Does the facility have policies/procedures in place for administering medication?	
Who administers medications	
Describe how and where drugs are stored and secured	