

**COVID 19 – GENERAL SUPPLEMENTAL APPLICATION FORM**
**Public Entity**
**PLEASE NOTE:**

- This supplemental form **MUST** be completed in addition to any other Applications required
- Additional underwriting criteria (in addition to this application) may apply depending upon the specific operation

**NAME OF INSURED:**
**INCIDENTS AND POTENTIAL INCIDENT INFORMATION**

Have you had any incidents relating to COVID-19 or any other contagious diseases, or similar outbreaks?	YES		NO	
If yes, please provide current status				

**GENERAL QUESTIONS**

Is your organization working at full capacity?	YES		NO	
If no, please provide full details including any and all operations/activities that have been suspended.				
Do you have an adequate supply of Personal Protective Equipment (PPE) for all emergency service workers?	YES		NO	
If no, how will any shortfall be resolved				
Do you have any of the following operations? Please tick all that applies				
<input type="checkbox"/>	Long Term care, Retirement homes or Group Homes			
<input type="checkbox"/>	Daycares			
<input type="checkbox"/>	Health Units/Department			
If you ticked any of the above, please complete section B and or C of this application.				

**PLANS/POLICIES/PROCEDURES REQUIRED FOR REVIEW – ALL OPERATIONS**

Does your organization comply with or have any of the following in place? Please tick all that applies				
<input type="checkbox"/>	Provincial or other Governmental recommendations/guidelines/directives regarding contagious diseases, pandemics or similar outbreaks for your operation			
<input type="checkbox"/>	Return to work plans			
<input type="checkbox"/>	Business continuity plans/policies and procedures			
<input type="checkbox"/>	Crisis management plans/policies and procedures including communication plans in place			
<input type="checkbox"/>	Others			

**CONTRACTUAL OBLIGATIONS**

If you are providing temporary services or additional operations to a third party related to an infectious disease or pandemic such as COVID -19 – please provide full details of these operations.

**Provide all contracts that have been signed or contemplating signing with respect to these operations.**

Are there hold harmless or waivers of liability clauses in these contracts?	YES		NO	
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**SECTION B: LONG TERM CARE/RETIREMENT HOMES/GROUP HOMES (Please include a list of addresses and type of facility)**

Indicate your current staff to client/patient/resident ratio	# of staff		# of client/patient/residents	
Describe your screening processes for entry and exiting for staff and visitors.				
Has the number of staff increased or decreased from prior to the most recent pandemic?	YES		NO	
Is this a temporary measure?	YES		NO	
Do you have a roster of substitute staff with adequate experience who can fill in if regular staff members are unable to come to work?	YES		NO	
Is it a policy or procedure that staff (including temporary or substitute staff) only work for your organization?	YES		NO	
<b>General Protocols</b>				
Describe your cleaning and sanitization procedures?				
Describe your protocols around size of meetings/gatherings?				
Describe your protocols around residents leaving the facility?				
Describe how you maintain social distancing among the residents in the facility?				
<b>Screening Protocols</b>				
Will employees be screened for COVID-19 before returning to work?	YES		NO	
Describe your screening process before an employee is allowed to return to work.				
Describe your screening protocols and procedures in place for admittance daily.				
Describe your screening protocols to prevent staff and visitors who are ill from entering the facility.				
Describe your Screening Area Protocols (e.g. distancing, visual guides to assist flow of people, signage outlining your process for visitors and/or residents upon arrival etc.)				
<b>Protocols in Event of an Outbreak</b>				
Are there plans in place for short term closures as needed for cleaning and disinfecting or if the facility has been exposed?	YES		NO	
Have you established a separate test area within the facility to evaluate or test patients showing any symptoms?	YES		NO	
Describe your isolation procedures for all confirmed cases until full recovery or when a person is no longer considered infectious.				
Do you have a plan in place to effectively trace people who may have been in contact with anyone in the facility with the disease?	YES		NO	
<b>PERSONAL PROTECTIVE EQUIPMENT (PPE) INFORMATION</b>				
Indicate what PPE is provided to your staff?				
Do you have alternative suppliers for PPE and medical supplies in the event of a shortage and/or loss at their current supplier?	YES		NO	
How do you confirm PPE and medical supplies conform to industry standards (e.g. What testing measures are in place for the supplies before departure of origin country and upon delivery in Canada)				
Indicate the limit of stock associated to PPE on hand at all times.	\$			
Indicated how it is stored and protected from unauthorized use (e.g. locked with only specific persons having access, all staff having access etc.)				

**SECTION C: DAYCARES (Please include a list of addresses)**

Indicate your current staff to children ratio	# of staff	# of children		
Has the number of staff increased or decreased from prior to the most recent pandemic?	YES		NO	
Is this a temporary measure?	YES		NO	
Do you have a roster of substitute staff with adequate experience who can fill in if regular staff members are unable to come to work?	YES		NO	
Is it a policy or procedure that staff (including temporary or substitute staff) only work for your organization?	YES		NO	
Indicate the number of staff that works for your organization as well as any other organization (including those on contract)				
Has the number of number of children/students you now accept decreased after this recent pandemic?	YES		NO	
Indicate the number of children in your facility(ies)	currently		previously	
If you have not reduced the number of children in your facility, please describe other protocols you are taking to ensure appropriate distancing (e.g. additional space rental/purchase etc.)				

**PROTOCOLS**
**General Protocols**

Describe your cleaning and sanitization procedures to prevent the spread of germs via toys, recreational items etc.?				
Is there a designated area for the outdoor shoes and sanitizing area prior to entering the 'clean' zone?	YES		NO	

**Screening and Monitoring Protocols**

Describe your screening protocols and procedures in place for admittance daily.				
Describe your screening protocols to prevent staff, visitors or children who are ill from entering the facility.				
Describe your procedures for pick up/drop off and limiting number of people in the facility at one time.				
Describe your Screening Area Protocols (e.g. distancing, visual guides to assist flow of people, signage outlining your process for visitors and/or residents upon arrival etc.)				
Describe any additional protocols you have put in place to monitor children/students for symptoms throughout the day (e.g. temperature monitoring)				
Is there an isolation room or area where the sick child can stay until their guardian can pick them up?	YES		NO	