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| **Covid 19 – General Supplemental Application Form**  **Applicable to All Classes of Business Other than Daycare and Eldercare and Residential Care** | | | | | | | | | | |
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| **Please Note:**   * **This supplemental form MUST be completed in addition to the General Underwriting Information** * **Additional underwriting criteria (in addition to this application) may apply depending upon the specific operations** * **All required supplementary documents requested must be submitted for review** | | | | | | | | | | |
| **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 full details including: the number of staff, volunteers, clients/residents affected and precautions you have taken to contain and rectify the situation including whether your workplace provides adequate Personal Protective Equipment (when the risk warrants) such as gloves, masks etc. | | | | | | | | | | |
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| **General Questions** | | | | | | | | | | |
| Is your organization working at full capacity or operations? | | | | | | YES |  | | NO |  |
| If no, please provide full details including any and all operations/activities that have been suspended. | | | | | | | | | | |
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| Have you implemented all governmental recommendations/guidelines regarding contagious diseases, pandemics or similar outbreaks?  **\*Also refer to Documentation Plans/Policies/ Procedures Required for Review in this Application** | | | | | | YES |  | | NO |  |
| If no, please describe any policies/procedures or practices that differ from that of current government guidelines. | | | | | | | | | | |
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| Describe your screening processes for entry and exiting for staff and visitors. | | | | | | | | | | |
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| Indicate your current staff to client/patient/resident ratio | | | # of staff |  | # of client/patient/residents | | |  | | |
| Has the number of staff increased or decreased from prior to the most recent pandemic? | | | | | | YES |  | | NO |  |
| Is this a temporary or permanent 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) | | | | | | | |  | | |
| Have changes or updates been made to your business continuity plans to deal more specifically with a pandemic or outbreak. If so, describe the changes and timelines you have for implementation of these.  **\*Also Refer to Documentation Plans/Policies/ Procedures Required for Review in this Application** | | | | | | | | | | |
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| **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 the Applicant has signed or is contemplating signing with respect to these operations.** | | | | | | | | | | |
| Are there are any hold harmless or waivers of liability clauses in these contracts? | | | | | | YES |  | | NO |  |
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| **Documentation - Plans/Policies/Procedures Required for Review – All Operations** | | | | | | | | | | |
| Please check the box if you have the following in place and provide a copy for our review: | | | | | | | | | | |
|  |  | Governmental recommendations/guidelines regarding contagious diseases, pandemics or similar outbreaks for your operation | | | | | | | | |
|  |  | Return to work plans | | | | | | | | |
|  |  | Business continuity plans/policies and procedures | | | | | | | | |
|  |  | Emergency response plans/policies and procedures | | | | | | | | |
|  |  | Crisis management plans/policies and procedures including communication plans in place | | | | | | | | |
|  |  | Plans/policies and procedures in place for those who meet with clients, staff and community members in-person to prevent the spread of this type of sickness/disease | | | | | | | | |
|  |  | Plans/policies and procedures supporting those self-monitoring for symptoms or self-isolating as a result of any communicable diseases or illnesses | | | | | | | | |
|  |  | Policies and Procedures for maintaining sanitization logs | | | | | | | | |
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| **Supplementary Documentation Required for Review – Food Preparation or Transportation Services** | | | | | | | | | | |
| If you provide these services, please check the box if you have the following in place and provide a copy for our review: | | | | | | | | | | |
|  |  | Food preparation plans/policies and procedures | | | | | | | | |
|  |  | Plans/policies and procedures for group activities (e.g. staggered mealtimes, arrival departure times etc.) | | | | | | | | |
|  |  | Plans/policies and procedures for Transportation Services (e.g. seat distancing, driver distancing, sanitization) | | | | | | | | |
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| **Supplementary Documentation Required for Review – Fundraising or Workshops** | | | | | | | | | | |
| If these services are normally part of your operations - please provide a copy of your plans/policies and procedures, you intend to implement upon re-opening for our review. | | | | | | | | | | |