IRONSHORE
A Liberty Mutual Company

COVID-19 SUPPLEMENTAL APPLICATION

AMWINS
PROGRAM UNDERWRITERS

SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION:

Legal Name: _____

Address: _____

GENERAL QUESTIONS – ALL FACILITIES	
1. Are you now treating or providing services to, or have you treated or provided services to, any patients or residents with COVID-19? **If yes, number of patients or residents: _____**	Yes ☐ No ☐
2. Do you have any employees with a confirmed diagnosis or suspected case of COVID-19? **If yes, number of employees: _____**	Yes ☐ No ☐
3. For Facilities: Are you limiting and screening visitors to reduce infection sources? Describe your procedures: **For Homecare: What procedures are you implementing to address / reduce infection sources for patients at home?**	Yes ☐ No ☐
4. Are you involving the local public health department if you suspect you have a patient or resident with COVID-19?	Yes ☐ No ☐
5. What protocols are in place for employees who have known or suspected COVID-19 exposure or infection?	
6. What employee travel restrictions have you imposed, if any?	
7. What is your contingency plan in the event of staffing shortages?	
8. What Personal Protective Equipment is available to staff and patients or residents, and how are you training staff in its use?	
9. Do you have alcohol-based hand sanitizer with greater than 60% ethanol or 70% isopropanol available for every patient and for use at client's homes and while traveling from home to home?	Yes ☐ No ☐
10. For Facilities only: Does the facility have signage instructing use of masks/tissues/hand sanitizer for visitor use if needed?	Yes ☐ No ☐
11. For Facilities only: Have you increased or changed environmental cleaning of your facility?	Yes ☐ No ☐
12. For Facilities: How are you assessing and isolating suspected COVID-19 patients at your facility?? For Homecare: How are you educating patients with regard to isolation while caring for them in their home?	

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13. Have you identified dedicated staff to care for suspected of known COVID-19 patients?	Yes ☐ No ☐

COVID-19 Supplemental App (3.20 ed.)

After reasonable inquiry, neither the Applicant nor any individual or entity proposed for coverage is aware of any fact, circumstance, situation, transaction, event, act, error, or omission, related in any way to the virus responsible for COVID-19, including any mutation or variant of the virus, COVID-19 or any other health condition caused by such virus, which they have reason to believe may result in a Claim that may fall within the scope of the proposed insurance, except as follows:

If "None", so state: _____

The information contained in and submitted with this Supplemental Application is on file with the Underwriter, and will be considered physically attached to, part of, and incorporated into both the Application and the policy, if issued.

NOTE: This Application must be signed by an Officer of the Company or Risk Manager of the Applicant, acting as the authorized agent of all individuals and entities proposed for this insurance.

THIS APPLICATION MUST BE SIGNED AND DATED NO EARLIER THAN 15 DAYS PRIOR TO THE PROPOSED EFFECTIVE DATE OF THE POLICY

Applicant Signature: _____

By (Officer of the Company or Risk Manager – Print Name): _____

Title: _____

Date: _____