NEW MEXICO MUTUAL℠
COVERAGE @ WORK™

Healthcare EZ Quote Form

(Home Healthcare, Nursing Homes, Assisted Living)

New Mexico Mutual 3900 Singer Blvd. NE Albuquerque NM 87109

Completed By:	**In addition to the supplemental information, please attach the following if applicable:** • 3 to 5 Year Currently Valued Loss Runs • Associated Premium Figures • Experience Rating Worksheet
Title:	
Date:	

General Information

Company Name:	**FEIN:**
Number of years experience in this industry:	**Number of years managing in this industry:**

Business Operations:
(Please check all that apply)

☐ Adult Day Care	☐ Consumer Directed	☐ Nursing Homes
☐ Assisted Living	☐ Convalescent Home	☐ PCO Program
☐ Case Managers	☐ Home Health Care	☐ Pediatric Care
☐ Certified Medical Care	☐ Home Infusion Nurse	☐ Respite Care
☐ Non-Certified Medical Care	☐ Hospice Care (facility)	☐ Retirement Living Center
☐ Companion/Sitter	☐ Hospice Care (in home)	☐ Therapist, Type:_____
☐ Consumer Delegated	☐ Medical Directors	☐ Other:

Do employees provide 24 hour care? ☐ Yes ☐ No

If yes, what is the shift duration? _____

Are pre-home inspections completed at the clients' homes? ☐ Yes ☐ No ☐ N/A

Are individualized level of care plans completed for clients? ☐ Yes ☐ No ☐ N/A

Are employees assigned to clients based on the skill-level required to care for patients? ☐ Yes ☐ No

Does the applicant sell/rent medical or durable equipment to clients? ☐ Yes ☐ No

If yes, what is the percentage of: ☐ Wholesale _____% ☐ Retail _____%

Do any employees solely handle transportation of clients? ☐ Yes ☐ No

Are client transportation vehicles equipped with chair lifts? ☐ Yes ☐ No ☐ N/A

What is the number of company owned vehicles? _____ ☐ N/A

Is group transportation provided (4 or more per vehicle)**?** ☐ Yes ☐ No

If yes, how often? ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

What is the radius of operations? Usual: _____ miles Maximum: _____ miles

Employees

How many employees are on staff: Full Time: _____ Part Time: _____

How are employees paid?
(Please Check All That Apply):

☐ W-2' S ☐ 1099's ☐ Cash ☐ Other: _____

What percentage of the work is subcontracted? _____%

If subcontractors are used, are Certificates of Insurance obtained? ☐ Yes ☐ No

*** Please note: Premiums must be paid on uninsured subcontract labor ***

If certificates are not obtained, what amount of payroll should be added for uninsured contract labor?

- Class Code: _____ Payroll: _____
- Class Code: _____ Payroll: _____
- Class Code: _____ Payroll: _____
- Class Code: _____ Payroll: _____
- Class Code: _____ Payroll: _____

Please check all hiring practices utilized by the applicant:

☐ Applicant Interviews ☐ Post-Offer Physicals

☐ Background Check ☐ Reference Checks

☐ Drug Testing/Screening ☐ New Employee Orientation

☐ Medical Questionnaires ☐ Other: _____

Safety Information

Is a safety program utilized in the workplace? ☐ Yes ☐ No

If yes, is the program? ☐ Written ☐ Verbal

Does the safety program address/include:
(Please Check All that Apply)

☐ Accident/Injury Investigation
☐ Aggressive Patient Training
☐ Blood Borne Pathogen Protocol
☐ In-service Training
☐ Medical Waste Disposal Program
☐ Patient Handling/Lifting Training
☐ Personal Protective Equipment
☐ Progressive Disciplinary Action Plan
☐ Return to Work Program
☐ Safety Committee/Safety Officer
☐ Safety Incentive Program
☐ Safety Orientation
☐ Third Party Safety Company
☐ Other: _____

Does the safety training program address/include the use of:
(Please Check All That Apply)

☐ Blood Cleansing Equipment
☐ Gait Belts
☐ Hoyer Lifts
☐ Medical Beds
☐ Oxygen Tanks/Regulators
☐ Stair Lifts Equipment
☐ Ventilators
☐ Wheel Chairs
☐ Other:

Does the driving program address/include:
(Please check all that apply)

☐ Cell Phone Usage
☐ Impaired/Aggressive/Distracted Driving
☐ Initial and Routine MVR Checks
☐ Progressive Disciplinary Plan
☐ Mandatory Seat Belt Usage
☐ Vehicle Tracking Device

Does the applicant perform regular safety training? ☐ Yes ☐ No

If yes, identify the frequency:

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Please identify the individual responsible for safety training and their title:

Name: _____ Title: _____

Thank you for completing New Mexico Mutual's Underwriting EZ Quote Form. Please return this form to your assigned underwriter and we will review your account for our best pricing options.