Member companies of Western World Insurance Group

☑ Western World Insurance Company
☐ Tudor Insurance Company

Home Health Care & Nurse Registries
Renewal Questionnaire

1. Insured Name: _____
2. Policy Number: _____ Policy Period: _____
3. Has Insured's license ever been suspended or revoked? ☐ Yes ☐ No
4. Has Insured ever been investigated by the State Health Dept., State Licensing Board or other governmental body? ☐ Yes ☐ No
   If yes to either question above, please provide full details: _____
5. Are you Medicare approved? ☐ Yes ☐ No Medicare sales? $ _____
6. Sales from employees: $ _____ Sales from independent contractors: $ _____
7. Sales from non-nursing operations: $ _____ Total sales: $ _____
8. Have there been any changes in procedures, operations, or exposures? ☐ Yes ☐ No *If yes, please describe:* _____
9. Please provide details of employed or contracted personnel:

	Number Employed	Number Contracted	Contractors Insurance Limits Required	Percentage working in: Hospital	Assisted Living/ Nursing Home*	Patient's Home
Aides						
LPN's						
RN's						
Nurse Practitioners						
Dialysis Technicians						
Medical Social Workers						
Mental Health Professionals						
Phlebotomists						
Physician Assistants						
Physicians/Medical Director						
Therapists (Physical, Speech, Occupational or Respiratory)						
Others (Specify)						

   Percentage of Clients under 18 years of age? _____% Percentage of Clients over 65 years of age? _____%
   * If yes, is contract with client for private duty work? ☐ Yes ☐ No *If no, please explain: [Use additional sheet if needed.]* _____
10. Twenty-four hour service? ☐ Yes _____% ☐ No If yes, is this "live-in" service? ☐ Yes _____% ☐ No
    Shift work? ☐ Yes _____% ☐ No
11. Is Insured aware of any circumstances which may result in a claim? ☐ Yes ☐ No *If yes, please provide full details:* _____
12. Any changes to past losses or loss history in prior five (5) years? ☐ Yes ☐ No *If yes, please describe full details:* _____

Applicant's Signature _____ Date _____
Title _____ Producing Agent _____