

CORPORATE RISK SERVICES, LLC

HEALTHCARE SUPPLEMENTAL APPLICATION

1. Name of applicant: _____
2. Do the applicant's operations involve any exposure to Human Immunodeficiency Virus (HIV)? Yes No
If yes, explain: _____

3. Have any employees ever been diagnosed with HIV or Aids Related Complex (ARC)? Yes No
If yes, how many? _____
4. Does the applicant specialize in the treatment of AIDS patients? Yes No
5. Is the applicant involved in AIDS research? Yes No
6. Does the applicant provide clinical testing for the HIV virus? Yes No
7. Does the applicant provide home health care services? Yes No
If yes, how many employees? _____
8. Do employees operate or occupy ambulances or other emergency vehicles? Yes No
Number of ambulances owned by applicant: _____
Average number of employees per vehicle: _____
9. Do employees regularly ride in any emergency aircraft? Yes No
What is the frequency of this situation? _____
Average number of employees per aircraft: _____
10. Is the applicant in compliance with OSHA standards for Bloodborne Pathogens and Infectious Disease? Yes No
11. Are written and enforced loss control procedures in place to address:
- | | | |
|---------------------------------------|-----|----|
| Communicable disease exposures? | Yes | No |
| Needlesticks and reporting deadlines? | Yes | No |
| Lifting exposures? | Yes | No |
| Radiation exposures? | Yes | No |

Please explain any "No" answers in question 11:
