

Long Term Care Professional and General Liability Application

COVID-19/Communicable Disease Supplement



Instructions:

The requested information is necessary before a quotation can be obtained.

Type or print clearly. Use Yes or No answers and other selections.

Answer ALL questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the appropriate space. Any spaces left blank will be interpreted to not apply.

Provide any supporting information on a separate sheet and reference the applicable question number.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Company under any Policy of a claim or potential claim. All such notices must be submitted to the Company pursuant to the terms of the Policy, if and when issued.

This supplemental application must be completed, dated and signed by an authorized representative of the applicant. Underwriters will rely on all statements made in this application.

NOTICE: This supplement is part of a Long-Term Care Professional and General Liability underwriting submission and is subject to the same warranties, representations and conditions.

1. Has the facility's Emergency Preparedness team been assembled and preparing for a potential spread of COVID-19? Yes No
2. Does the facility have a designated Infection Preventionist? Yes No
3. When was the facility's Emergency Preparedness Plan last updated? Yes No
 - a. What changes if any have been made since Jan 1st, 2020?

 - b. What provisions for disruption of personal protective equipment ("PPE") and disinfectant supplies have been made?

4. Has the facility implemented Centers for Medicare & Medical Services ("CMS") Guidance of Infection Control and Prevention of COVID-19? Yes No
If yes, Date Implemented:
5. Is the facility actively screening and restricting employees, visitors and vendors who meet the following criteria as per CMS guidance?
 - a. Exhibit signs and symptoms of a respiratory infection, such as fever, cough, or shortness of breath? Yes No

- b. In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness?
Yes No
- c. In the last 14 days, conducted international travel to counties with sustained community transmission as listed by the CDC? Yes No
- d. Resides in a community where community-based spread of COVID-19 is occurring? Yes No
- 6. Have all employees including housekeeping, Registry and traveling staff received in-service COVID-19 infection control training, including, but not limited to, personal protective equipment, hand hygiene, cleaning and disinfection of environmental surfaces? Yes No
- 7. Are employees who have signs and symptoms of a respiratory infection told not to report to work as per CDC guidelines? Yes No
- 8. Do you have control measures in place to have necessary PPE available for staff when it's determined PPE is needed for the resident? Yes No
- 9. Have employees been educated on what to do in the event they develop signs and symptoms of a respiratory infection while on-the-job? Yes No
- 10. For residents exposed to COVID-19, as well as those under observation, has quarantine been established for the incubation period of 14 days from the last date of exposure, per the CDC guidelines? Yes No
- 11. Is a transfer process in place for residents with severe symptoms that require hospital admission? Yes No If yes, does this process include contacting the local health department, emergency medical services, and receiving hospital?
Yes No
- 12. Is a formalized communication plan in place to disseminate up-to-date information about coronavirus surveillance and prevention to residents and their families?
Yes No
- 13. What is your crisis communication mechanism for responding to media reports and resident/family concerns?

The Applicant understands and agrees that this supplemental application form is attached to and part of the Applicant's previously completed and submitted Long Term Care Professional and General Liability Application, and when signed and submitted, will become part of the Applicant's Long Term Care Professional and General Liability underwriting submission. This Supplemental Application is subject to the same warranties, representations, and conditions, including all fraud warnings and declarations.

Signature of the Applicant

Signature of the Broker/Agent

Title

Date

Name of Entity

Name of Parent Company

Date

Signed by Licensed Resident Agent
(Where Required By Law)

Chubb. Insured.SM