

HOME CARE SUPPLEMENTAL APPLICATION

APPLICANT NAME: _____

1. Do you consider yourself the employer or joint employer of the caregivers that you place or assign to your clients? *(Joint employer has been defined by different government agencies, but for our purpose in determining workers' compensation insurance coverage eligibility, the applicant must agree that they have employer responsibilities for the caregivers that are assigned to the applicant's clients. Employer responsibilities can include, but are not limited to, one or more of the following: issuing payroll, tracking payments from clients, training, supervision, and assignment to clients.)**
 Yes No

2. Describe your business – What % is:
a) Employment based homecare agency _____%
b) Registry referral service _____%

3. What % of caregivers are independent contractors (IC)? _____% Of those, what % are IC's
a) for your organization? _____%
b) for your client? _____%

4. For independent contractors, do you require certificates of insurance documenting proof of WC insurance coverage?
 Yes No

5. Do any of your caregivers and/or service providers work directly for the client either as the client's employee or as an independent contractor?
 Yes No

If yes, do you consider your organization to be a joint employer* of these caregivers?
 Yes No

6. Are any of your clients required to purchase Workers' Compensation for the caregiver that you match them up with?
 Yes No

If yes, do you require a certificate of insurance documenting proof of WC insurance coverage?
 Yes No

7. WC premium is based on total payroll exposure. What information would your organization provide to document accurate payroll exposure?

8. Do you provide oversight and safety training to the caregivers?
 Yes No

9. Do you conduct face to face interviews with all prospective caregivers?
 Yes No

I hereby certify personally and on behalf of my organization that the above answers are true and complete to the best of my knowledge. I understand that, if the answers are not both true and complete, whether by intention or not, it may result in the denial of my application or termination of the workers' compensation coverage, if in place.

Signature of Employer

Title

Date

Workers' Compensation Trust