Marsh Canada Limited
70 University Avenue, Suite 800
Toronto, Ontario M5J 2M4

Non-Shelter Tenant Support Or Assisted Care Services (Miscellaneous Professional Liability) Questionnaire

GENERAL INFORMATION

Name of Non-Profit Housing Corporation		HSC Number
Mailing address – Line 1		
Mailing address – Line 2		
City	Province	Postal Code
Contact Person	Position	
Phone ( )	Fax ( )	Email

NON-SHELTER TENANT SUPPORT OR ASSISTED CARE SERVICES DETAILS

1. Indicate the number of people serviced annually, broken down by the following:

Abused Women Shelters	Assist in Personal Care	Elderly Care
Homeless Shelters	Life/Social Skills	Medical Services (incl. Health & Wellness services)
Physiotherapy	Substance Abuse Treatment Centre	Vocational/Educational Services
After School Programs	Counselling Services	Employment Services
Immigration Services	Massage Therapy	Nursery/Daycare
Pregnancy Counselling	Summer Camps	

2. Indicate the number of units used for:

Abused Women Shelter (number of rooms)	Abused Women Shelter (average length of stay)
Assisted Care (Elderly, disabled, etc.)	
Homeless Shelter (number of beds)	Homeless Shelter (average length of stay)
Substance Abuse (number of rooms)	Substance Abuse (average length of stay)

3. Indicate the number of employees providing this service:

Career Counsellors	Massage Therapists	Psychologists
Social Workers	Family Counsellors	Nurse Practitioners
Registered Nurses	Immigration Counsellors	Personal Support Workers
Registered Nursing Assistants	Other, please describe	

4. Does your corporation provide services for abused women ☐ Yes ☐ No
If Yes, please indicate

4.1. Does the shelter operate a hotline that victims of domestic abuse can call? ☐ Yes ☐ No	4.2. Are these phone lines manned by trained counsellors? ☐ Yes ☐ No
4.3. Are these phone lines manned by volunteers? ☐ Yes ☐ No	4.4. Have volunteers received in-house training? ☐ Yes ☐ No
4.5. How much in-house training do they receive?	4.6. What do their duties include?
4.7. Confidential files and documents accessible to: ☐ all workers ☐ only those required	4.8. Upon being admitted to the shelter, are women clearly informed of the house rules and potential consequences of violating those rules? ☐ Yes ☐ No
4.9. Are there documented procedures and protocols given to all staff regarding the administration and caring of the residences? ☐ Yes ☐ No	
4.10. Do residents ever share rooms with other residents? ☐ Yes ☐ No	4.11. Are rooms kept unlocked? ☐ Yes ☐ No

4.12. Do you operate a daycare centre on site? ☐ Yes ☐ No

4.13. If Yes, who is responsible for supervising the children that are left in the shelter's care in their mothers' absence?

4.14. Are residents: ☐ Short Term ☐ Long Term ☐ Both

5. Does your corporation provide assistance in personal care? ☐ Yes ☐ No
If yes, please indicate

5.1. Do you employ doctors, nurses, therapists, etc.? ☐ Yes ☐ No

5.2. Do you outsource the services of doctors, nurse therapists etc? ☐ Yes ☐ No

5.3. Does the assisted living facility (ALF) ever plan outings where residents will be transported together or in small or large groups? ☐ Yes ☐ No

5.4. Are drivers of transport vehicles taught how to evacuate handicapped and wheelchair-bound passengers in a safe and efficient manner? ☐ Yes ☐ No

5.5. In the clustered household arrangement, what is the total number of:

Private Apartments

Semi-Private Apartments

5.6. Does the facility have any independent residential units as part of its setup? ☐ Yes ☐ No

5.7. Are different tiers of care offered, depending on residents' needs? ☐ Yes ☐ No

5.8. What indoor and outdoor features and amenities does the facility have as part of its setup?

5.9. Have emergency escape routes and a concise list of evacuation procedures prominently been posted in the corridors of all multiple-occupancy structures?: ☐ Yes ☐ No

5.10. How often are emergency evacuation drills conducted?

5.11. Are prescriptions for medications for residents only written by: ☐ personal physician ☐ qualified staff member

5.12. Does the insured's in-house training program cover the proper methods of handling, storing, treating (when necessary), and disposing of medical and biological wastes? : ☐ Yes ☐ No

5.13. If Yes, split out from the totals above:

a. How many people other than your tenants are served:

b. Do you serve:

i. Residential Occupancies: ☐ Yes ☐ No

ii. Commercial Occupancies: ☐ Yes ☐ No

c. Do you test or treat water for such other occupancies year round: ☐ Yes ☐ No If no, how many months of the year?

6. Does your corporation provide homeless shelter: ☐ Yes ☐ No
If Yes, please indicate:

6.1. Average number of beds occupied per night

6.2. Are food services provided?

6.3. Are any other services provided?

7. Does your corporation provide assistance to persons with substance abuse: ☐ Yes ☐ No
If Yes, please indicate

7.1. Do you employ doctors ☐ Yes ☐ No

7.2. Do you outsource the services of doctors? ☐ Yes ☐ No

7.3. Does facility treat: ☐ alcoholics ☐ substance abusers ☐ both

a. On what basis does facility treat patients? ☐ inpatient ☐ outpatients ☐ both

b. How often do workers or volunteers provide transportation for clients? ☐ daily ☐ weekly ☐ monthly ☐ do not provide transportation

c. Are detoxification services provided on site? ☐ Yes ☐ No

7.4. Are there document procedures and protocols given to all staff regarding the administration and caring of the residences? ☐ Yes ☐ No

7.5. Does the facility ever use prescription medications or opiate substitutes in treating patients? ☐ Yes ☐ No If yes:

a. Where are drugs kept on the premises?

b. Who has access to them?

7.6. How often are inventories taken?

7.7. Is facility properly licensed and certified according to the operational criteria in Canada? ☐ Yes ☐ No

7.8. Is facility accredited by: ☐ third-party ☐ independent accrediting organization
Are all professionals on staff properly licensed or certified in their respective specialty areas? ☐ Yes ☐ No

7.9. How much training do volunteers receive?

7.10. Who is responsible for overseeing their training?

7.11. Who has access to confidential client files?

8. Does any staff (other than professional) administer medications: ☐ Yes ☐ No
If Yes, please indicate

8.1. Number of Staff

8.2. Type of medication provided

8.3. Required training

8.4. Number of individuals to whom support services are provided

9. Is Professional Liability coverage required for any professional staff (other than medical):
☐ Yes ☐ No If Yes, please indicate

9.1. How many non-medical staff?	9.2. Professional Designations

10. Does your corporation currently carry or have carried Professional Liability insurance?: ☐ Yes ☐ No
If Yes, please indicate

Insurer Name	**Insured Limit**	**Deductible**	**Claims Made?** (Yes/No)	**Retroactive Date** (dd/mm/yyyy)	**Expiry Date** (dd/mm/yyyy)
	$	$	☐ Yes ☐ No		
	$	$	☐ Yes ☐ No		
	$	$	☐ Yes ☐ No		

11. Has any previous insurer ever cancelled or refuse to renew your property managers Errors and Omissions coverage? ☐ Yes ☐ No
If yes, please provide details:

12. Has the corporation or any of its principals, partners, officers, or directors been the subject of any disciplinary action by any governmental body or professional association within the last five (5) years? ☐ Yes ☐ No
If yes, please provide details:

13. Have any lawsuits or claims been made against the corporation, its predecessors, subsidiaries, partners, officers, or employees during the past five (5) years?: ☐ Yes ☐ No
If yes, please provide details, as well as details of actions that have been taken to minimize the chance of a similar claim(s).

Date of Loss (dd/mm/yyyy)	**Cause of Loss**	**Reserve Amount**	**Amount Paid**
		$	$
		$	$
		$	$

14. After inquiring, is the corporation firm or its partners, officers, employees or subsidiaries aware of any actual or alleged errors, omissions, offences or circumstances which may reasonably be expected to result in a claim being made against the applicant or any proposed insured person or entity?: ☐ Yes ☐ No

PRIVACY WORDING

PRIVACY: Have you read Marsh's Privacy Policy which is available at www.marsh.ca? Do you consent to the collection, use, disclosure and retention of your Personal Information as set out in the Privacy Policy, and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy?
By signing this form you are consenting to the statements above.

SIGNATURE

Name (please print)	Signature (Signed by authorized officer, partner or principal)
Title	
Date (mm/dd/yyyy)	