

Professional Medical Care Supplemental

Do you have a clinic or infirmary intended for use by:	Students:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Employees:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	General Public:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
State the total number of each of the following.	Employed nurses:	
	Volunteer nurses:	
	Contracted Nurses:	
	Athletic Trainers:	
	Student Nurses:	
	Describe Others:	
For contracted nurses, what is the minimum liability limit required?		
Does the applicant require that their liability insurance policy name the applicant as an additional insured?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Check the services provided at the student clinic/infirmaryes.	Emergency care: <input type="checkbox"/>	
	Diagnosis and treatment of athletic team participants: <input type="checkbox"/>	
	Contraception: <input type="checkbox"/>	
	Pharmacy: <input type="checkbox"/>	
	Sexually transmitted disease testing and treatment: <input type="checkbox"/>	
	Diagnostic checks for hearing and vision: <input type="checkbox"/>	
	Immunizations and allergy injection: <input type="checkbox"/>	
	Laboratory services: <input type="checkbox"/>	
	Please describe others: <input type="checkbox"/>	
Are there separate professional liability policies for the employed staff and volunteers at the clinic/infirmary?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, what is the minimum limit required?		
Does the applicant require that the liability insurance policy name the applicant as an additional insured?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the clinic or infirmary provide for overnight stays?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>



EUCLID PUBLIC SECTOR
ALTERNATIVE RISK
Custom Risk Solutions

What is the maximum number of nights any one person is allowed to stay at the clinic or infirmary?		
Does the institution own operate or control any medical facility (clinic(s), hospital(s) that serves the public?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, what level of services are provided:	Emergency Services with Emergency Room?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Emergency Services with Trauma Center?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Inpatient:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes, please indicate number of beds	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Outpatient	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is there a nurse's office in the school?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is there a nurse on duty during school hours?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is a doctor "on-call" for emergencies?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, is the doctor required to have separate medical professional liability insurance?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the infirmary/nurse's office treat members of the public?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do trained medical personnel attend all school sporting events?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the school have an action plan in place in the event of a medical emergency?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the school perform an accident investigation when a student is injured?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, who is responsible for the investigation?		