



Markel Insurance Company
 P. O. Box 2009, Glen Allen, VA 23058-2009
 (800) 431-1270 Fax (804) 527-7966
 Email: mscsubmissions@markelcorp.com
 Website: markelsocialservices.com

Speech/hearing pathology and occupational therapy supplement

(To be attached to ACORD applications)

Markel agent number: _____

Business name: _____

Submission or policy number: _____

1. What percentage of clients is elderly? _____%
2. Is the facility fully wheelchair accessible? Yes No
3. Are all staff members and volunteers trained in getting clients in and out of wheelchairs properly? Yes No
4. Is the facility accredited by the appropriate accrediting organization?
 If no, has it ever been declined for accreditation by any organization? Yes No
5. Are all clients evaluated by a physician prior to receiving therapy? Yes No
 If no, explain: _____
6. Are all services delivered by registered, certified, licensed or degreed personnel? Yes No
 If no, does one of the above directly supervise all services? Yes No
7. Are young clients required to be accompanied by a parent or guardian during treatment? Yes No
8. Do you make appropriate referrals for treatment outside of their specialties? Yes No
9. Do you transport clients to and from the center? Yes No
10. Are all treatment plans and services performed kept in writing? Yes No
11. Are all records kept in fireproof cabinets? Yes No
12. Are there off-premises activities and field trips? Yes No
 If yes, describe: _____
13. Does the insured perform any invasive procedures (for example, nasendoscopies)? Yes No
14. Is all equipment, electrical or otherwise, maintained and inspected regularly? Yes No
 If yes, are maintenance records kept in writing? Yes No
15. Are all licensed therapists members of a professional association? Yes No

NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____