



**MARKEL  
INSURANCE  
COMPANY**

4600 Cox Road, Glen Allen, VA 23060  
(800) 431-1270 Fax (804) 527-7966

## Speech/Hearing Pathology & Occupational Therapy

(To be attached to ACORD applications)

NAMED INSURED: \_\_\_\_\_

1. What percentage of clients are elderly? \_\_\_\_\_
2. Is the facility fully wheel-chair accessible?  Yes  No
3. Are all staff members & volunteers trained in getting clients in & out of wheelchairs properly?  Yes  No
4. Is the facility accredited by the appropriate accrediting organization?  Yes  No  
If not, 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 not, explain: \_\_\_\_\_
6. Are all services delivered by registered, certified, licensed or degreed personnel?  Yes  No  
If not, does one of the above directly supervise all services? \_\_\_\_\_
7. Are young clients required to be accompanied by a parent or guardian during treatment?  Yes  No
8. Does the insured make appropriate referrals for treatment outside of their specialties?  Yes  No
9. Does the insured 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

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
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