



PEDIATRIC THERAPY SUPPLEMENTAL
ATTACH SEPARATE SHEET WITH ANY ADDITIONAL DETAILS IF NECESSARY

Named Insured: _____

Do you offer therapy services to children (under the age of 18)? Yes No

What percentage of services are provided to children under the age of 10? _____ Between the ages of 10-18? _____

Please provide a list of all treatment modalities and services provided to children. _____

Where are services provided? _____

Is the child's parent or legal guardian always present during therapy sessions? Yes No

If no, please explain. _____

What is the minimum length of therapy sessions provided to children? _____ Maximum length? _____

What is the maximum number of clients in each therapy session? _____

How many clients does each therapist see daily? _____

Do you have a swimming pool? Yes No If yes, answer the following questions:

Is there a lifeguard on duty at all times? Yes No

Is there a therapist with the client at all times during their pool therapy? Yes No

Do you have a hoist lift? Yes No

How often is the pool maintained? _____

Do you ensure that the pool deck area is free of any debris to help prevent falls? Yes No

What is the temperature of the pool? _____

How deep is the pool? _____

Do you question patient/legal guardian as to whether or not client is able to swim? Yes No

Is the pool ever used for anything other than therapy? Yes No

If yes, please explain. _____

I DECLARE that the information contained in this supplement is true and that no material facts have been suppressed or misstated. **I UNDERSTAND** that an incorrect or incomplete response could void my coverage.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Must be signed by principal, partner or officer of group or individual applying for insurance.

Signature of Applicant _____

Title _____

Printed Name _____

Date _____