

Why we ask. CareFront underwrites the care technology an operator actually uses, not just bed count and loss history. This questionnaire can be submitted with the CareFront application **or with another insurer's application**. Complete it once per operator. Where technology differs by location, note which locations in the coverage column or attach a short schedule. We look at how well technology is implemented (coverage, training, alert response), not only whether it is installed. Leave a row blank if not used.

1. APPLICANT

Named insured (legal name)	Number of locations	Proposed effective date
Completed by (name and title)	Email	Phone

2. FALL PREVENTION AND RESPONSE

Technology category	Status: In use / Pilot / Planned	Vendor and product	Locations or % of beds covered	Live since (mo / yr)	Alerts monitored by (staff, vendor, 24/7?)
Ambient sensor, vision or radar fall detection					
Bed or chair exit prediction and alerts					
Wearable fall detection or remote monitoring					
Injury reduction (hip airbags, impact flooring)					
Other:					

3. ELOPEMENT, WANDERING AND LOCATION AWARENESS

Technology category	Status: In use / Pilot / Planned	Vendor and product	Locations or % of beds covered	Live since (mo / yr)	Alerts monitored by (staff, vendor, 24/7?)
Wander management / exit door control					
Real-time location system (RTLS)					
Off-campus GPS location wearables					
Other:					

4. CLINICAL DOCUMENTATION AND CARE DELIVERY

Technology category	Status: In use / Pilot / Planned	Vendor and product	Locations or % of beds covered	Live since (mo / yr)	Alerts monitored by (staff, vendor, 24/7?)
Electronic health record (EHR)					
eMAR with pharmacy interface					
Pressure-injury sensors (turn / pressure)					
Wound imaging and documentation					
Telemedicine / after-hours clinical					
Remote vital signs monitoring					
Other:					

5. ENVIRONMENTAL SAFETY AND BUILDING SYSTEMS

Technology category	Status: In use / Pilot / Planned	Vendor and product	Locations or % of beds covered	Live since (mo / yr)	Alerts monitored by (staff, vendor, 24/7?)
Nurse call with response-time reports					
Water, leak or temperature monitoring					
Access control and visitor management					
Other:					

6. WORKFORCE MANAGEMENT AND OPERATIONAL RISK

Technology category	Status: In use / Pilot / Planned	Vendor and product	Locations or % of beds covered	Live since (mo / yr)	Alerts monitored by (staff, vendor, 24/7?)
Scheduling and staffing management					
Training platform (dementia / abuse modules)					
Staff rounding / response wearables					
Other:					

7. INFECTION PREVENTION AND REGULATORY COMPLIANCE

Technology category	Status: In use / Pilot / Planned	Vendor and product	Locations or % of beds covered	Live since (mo / yr)	Alerts monitored by (staff, vendor, 24/7?)
Infection surveillance / outbreak tracking					
Legionella / water management program					
Compliance or survey-readiness software					
Other:					

8. IMPLEMENTATION AND USE

Answer for the technology that matters most to your risk profile (usually fall prevention). Use the comment box for any differences by location.

Is there a named executive or clinical leader accountable for the technology program? ☐ Yes ☐ No

Name and title:

Were all care staff trained before go-live, and is refresher training provided at least annually (including new hires)? ☐ Yes ☐ No

Is there a written alert response protocol with a target response time? ☐ Yes ☐ No

Target response time:

Are actual alert response times tracked and reviewed by management at least monthly? ☐ Yes ☐ No

Is technology data (alerts, falls, response times) reviewed in falls, QA / QAPI or risk meetings? ☐ Yes ☐ No

Is the system connected to your EHR or nurse call system? ☐ Yes ☐ No

Are device uptime and sensor function checked on a set schedule, with a named owner for outages? ☐ Yes ☐ No

Comments, including any differences by location

9. RESULTS

Share whatever you track. Before = the 12 months before go-live; After = the most recent 12 months. Rates per 1,000 resident days if available.

Measure	Before	After	Locations / period covered	Source (internal report, vendor report)
Falls				
Falls with injury				
Hospital transfers after a fall				
Elopement / exit-seeking events				
Facility-acquired pressure injuries				
Other:				

Will you share outcome reports from the vendor or your own systems with CareFront during the policy period? ☐ Yes ☐ No

10. PLANNED TECHNOLOGY (NEXT 12 MONTHS)

Planned pilots or rollouts: technology, vendor, locations and target date

11. SIGNATURE

The undersigned confirms that the information in this questionnaire is true and complete after reasonable inquiry and describes current operations. This questionnaire is submitted with and forms part of the applicant's application for insurance to CareFront, whether that application is on CareFront's form or another insurer's form, and is subject to the same warranties and fraud warnings. Answers about technology do not by themselves change policy terms.

Signature of authorized officer / principal

Printed name and title

Date