

Application for Business Professional Liability

Applicant Information:

Type of Policy Applying for? Claims-Made Occurrence -----

Legal Name of Agency or Group: _____

First Name: _____ MI: _____ Last Name: _____

Email Address: _____

Primary Phone: _____ Cell Phone: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Please Note: The name on the policy must be an owner or a principal of the organization, agency, or business.

Does your practice or business have a website? _____

Is your practice or business certified? Yes No N/A **Year business, practice established?** _____

Please list the certifying body(ies) _____

Business Type/Revenue

Applicant Type (check one): For-Profit Corporation Partnership Non-Profit Other _____

What was the gross revenue for the agency, group or business? _____

Current Carrier:

Is this your first professional liability insurance purchase? Yes No

If yes, please provide the following information – Current Insurance Carrier, Coverage Term & Expiration Date, Current Limits, Current Premium, Length of Uninterrupted Coverage, and if current policy has been held for less than 10 years, please list previous carriers:

Underwriting Info:

Has any insurance ever been cancelled or non-renewed? *If yes, please explain.* Yes No

Have you ever been the subject of a reprimand or disciplinary action, refused employment or admission to a professional society, had your professional privileges suspended by any court or administrative agency, or been the subject of any ethics investigation at a local, state or national level? *If yes, please explain.*

Yes No

Has any malpractice claim or suit ever been brought against you? *If yes, please explain.* Yes No

Underwriting Info:

Has any malpractice claim or suit ever been brought against you? *If yes, please explain.* Yes No

Are you aware of any circumstance which may result in a malpractice claim or suit including sexual misconduct; or professional impropriety being made or brought against you; or during the past twenty-four (24) months have any of your clients or patients in your care died; or did any sustain serious injury; or cause any property damage? *If yes, please explain.* Yes No

Do you or any of your employees provide services to clients in their home more than 50% of your business' professional consult hours? Yes No

Do you or your business directly adoption services? *If yes, please complete supplement I Underwriting Addendum* Yes No

Do you or your business directly conduct foster care services? *If yes, please complete supplement II Underwriting Addendum* Yes No

Do you or any of your employees provide services for Legal Proceedings, especially mitigation investigation pre- and post-trial? Yes No

Do you or any of your employees provide Mental Health services for sex offender or sexual addiction? Yes No

Do you or your entity conduct activities in Psychiatric services? Yes No

Business Rates/Coverage:

Limits of Liability	Flat Coverage C/O	Psychiatrist per person	Psychologist per person	Prof Staff per person	Other/Non-Clerical
\$1,000,000/\$3,000,000	\$212/\$578	\$1,514	\$462	\$126	\$29
\$1,000,000/\$5,000,000	\$225/\$615	\$1,610	\$491	\$134	\$30
\$2,000,000/\$4,000,000	\$239/\$613	\$1,606	\$490	\$134	\$30
\$3,000,000/\$5,000,000	\$254/\$613	\$1,610	\$491	\$134	\$30

If you want the policy to cover employees, please provide the Total Number of Employees. In order to calculate your premium, please enter the number of employees (full-time or part-time) in each of the categories. All employees list must meet State continuing education requirements in order to be eligible for coverage.

On a separate sheet, please attach a list of all employees with all job titles, number of workers in each job – including full-time employees, part-time employees, volunteers, contractors, and students.

Adoption/Foster Care:

Limits of Liability	Adopt (up to 10)	Adopt (over 10)	Foster Care (up to 50)	Foster Care (over 50)	Home General Care
\$1,000,000/\$3,000,000	\$623	\$623	\$462	\$126	\$29
\$1,000,000/\$5,000,000	\$663	\$683	\$491	\$134	\$30
\$2,000,000/\$4,000,000	\$661	\$661	\$490	\$134	\$30
\$3,000,000/\$5,000,000	\$661	\$681	\$490	\$134	\$30
Additional Charges	N/A	\$25 ea over 10	N/A	\$20 ea over 50	\$30

Coverage Options:

Your policy includes \$35,000 for defense of a State Licensing Board Investigation. You have the option to increase this coverage as follows:

<input type="checkbox"/>	Increase my limit to \$50,000	\$50
<input type="checkbox"/>	Increase my limit to \$75,000	\$75
<input type="checkbox"/>	Increase my limit to \$100,000	\$100

Do you want to add Equine Therapy Coverage? Yes No

Do you want to add Canine Therapy Coverage? *If yes, \$35 will be added to your premium.* Yes No

Determine your Business Professional Liability Premium:

- The flat coverage is the automatic premium base. The first column (C) is for Claims-Made policy premium and the second column (O) is for Occurrence policy premium. Choose the premium of the preferred policy.
- Rates are for each employee and need to be pro-rated by individual, by percentage of weekly hours worked.
- Using the tables above, select the rate based on your chosen Limits of Liability and multiply by the number of owners and employees, respectively to get a sub-total for each category.
- Total all sub-totals to get your premium.

For example: A business wants \$1M/\$3M coverage and has:

- 2 psychiatrist; one works 10 hours a week and the other works 15 hours. (40 hours is a week/100%)
 - The one that works 10 hours = 25%; $\$1,524 \times 25\% = \381
 - The one that works 15 hours = 38%; $\$1,524 \times 38\% = \579
 - Sub-total for Psychiatrist category is \$960 ($\$381 + \579)
- 1 psychologist that works 20 hours a week; 20 hours = 50%; $\$462 \times 50\% = \231
- 1 professional part time, 20 hours a week; 20 hours = 50%; $\$126 \times 50\% = \63
- This agency does 22 adoptions annual (see Adoption Services Rate Table in Optional Coverages Section)
 - $\$623 + (\$25 \times 12) = \$923$
- Plus flat rate = \$578 (Occurrence)

TOTAL QUOTE = \$2,755

Additional Insured:

You may list a landlord at no additional charge. Please list below if you would like to add to your policy. You may add other additional insureds for an additional charge of \$25 per each additional insured.

Name of Landlord	Address of Landlord	Leased Address

Additional Insured	Address of Additional Insured

Payment Information:

Payment Method: Check Credit Card Total Amount:

If Paying by Check Please Provide (make check payable to: NASW RISK RETENTION GROUP)

If Paying by Credit Card Please Provide

Name on Credit Card:

Exp. Date:

Credit Card Number:

Security Code:

Please enroll me in the Annual Automatic Withdrawal service with my checking account or credit card.

Please Read, Sign and Date:

The applicant declares the information contained in the application is true and that no material facts have been suppressed or misstated. The applicant understands that incorrect information could void the insurance coverage. The signing of this application does not bind the undersigned to purchase this insurance, nor does the review of the application bind the insurance company to issue a policy. It is agreed that this application shall be the basis of the contract should a policy be issued. Any person who, knowingly and with intent to defraud any insurance company or person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act. I have read/acknowledged the coverage information in this application.

Signature

Today's Date



Assurance4You

Mail application to:
Assurance4You
50 Citizens Way, Suite 304
Frederick, MD 21701

Fax application to:
301.668.8728
e: info@assurance4you.com
p: 855.835.2160

Notices:

Notice to Arkansas Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a settlement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

Notice to Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Notice to Maine Applicants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Applicants: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Ohio Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Pennsylvania Applicants: 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.



Mail application to:
Assurance4You
50 Citizens Way, Suite 304
Frederick, MD 21701

Fax application to:
301.668.8728
e: info@assurance4you.com
p: 855.835.2160

Supplement I. Underwriting Addendum for Adoption Services

1. Number of Adoptions Last Year:

2. Estimated Number of Adoptions This Year:

3. Ages of children placed in adoption:

4. Outline the protocol using in the adoption procedure:

5. Does the applicant have legal custody of the child? Yes No

6. Is a guardian appointed to ensure the child's welfare? Yes No



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Supplement II. Underwriting Addendum for Foster Care Services

1. Does the Group or Agency place children in foster homes? Yes No
2. Number of children placed in foster homes last year:
3. Estimated number of children to be placed in foster home this year:
4. What are the ages of children placed in foster homes?
5. How many foster homes does agency utilize?
6. How does the agency obtain foster homes?
7. Are all the foster home licensed? If yes, which authorities? Yes No
8. Who licenses the foster homes?
9. Does the agency certify the foster home it utilizes? If yes, please describe standards for certification.
 Yes No
10. What is the agency criteria for foster home rating and acceptability?
11. How often are children moved from one foster home to another?
12. How many times does the agency have its employees visit the children in foster homes?
13. Who compensates the foster parents?
14. Does the agency require proof of Foster Parent's Liability Insurance?
15. Please provide proof of general liability insurance indicating minimum \$100,000/\$300,000 coverage – Company Name, Agent Name & Phone Number, Effective Date of Coverage, Policy Number, and What is the procedure utilized by the agency to handle allegation of child abuse (sexual or other), in the foster home?



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