

Application for Professional Liability Coverage

Applicant Information:

Suffix:	First Name:	MI:	Last Name:
Email Address:			
Primary Phone:		Cell Phone:	
Address 1:			
Address 2:			
City:		State:	Zip:

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) _____

Current Carrier:

Are you first-time policyholder? Yes No *If you are a first-time policyholder, you may skip this section.*

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:

Number of clients served last year _____ **What % of the total revenue is derived from residential** _____
N/A if practicing less than 12 months. **care?** *Please enter zero (0) if you not provide residential care.*

What is the total number of hours _____ **Has any insurance ever been cancelled?** *If yes, please explain.*
donated by volunteers in an Yes No _____
average work week? *Please enter* _____
zero (0) if you do not have volunteers. _____

Have you or your agency, group, or business 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 provide any services that involve Equine Therapy and/or Canine Therapy? Yes No

PLEASE NOTE: All therapies, services, or activities that involve equine therapy and/or canine therapy are excluded from the base policy. An endorsement will be provided.

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

Do you or your entity conduct activities in Psychiatric services? 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 conduct any activities that support or provide adoption services? *If yes, please complete supplement I Underwriting Addendum* Yes No

Do you or your business conduct any activities that support or provide 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 business maintain facilities for detoxification or substance abuse? *If yes, please explain* Yes No

Do you or your business provide group therapy sessions? *If yes, please explain.* Yes No

Coverage/Rates:

Select Your Coverage	Limits of Liability	Social Worker (Non-NASW)
<input type="checkbox"/>	\$1,000,000/\$3,000,000	\$212
<input type="checkbox"/>	\$1,000,000/\$5,000,000	\$225
<input type="checkbox"/>	\$2,000,000/\$4,000,000	\$239
<input type="checkbox"/>	\$3,000,000/\$5,000,000	\$254

The Limits of Liability Coverage, \$3,000,000/\$5,000,000 is only available for Virginia residents.

Coverage Option:

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

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

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