



# Application for Agency/Group General Liability

## Applicant Information:

Are you apply as:  Agency  Group

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about our General Liability product:

Email  Direct-mail  Website  Conference  Colleague  Other

## Qualification Questions:

1. Does your agency or group provide services in the allied health, healthcare, mental health, or the social work field?  Yes  No
2. What is your desired effective date? \_\_\_\_\_
3. How many W2 employees does your agency/group employ? \_\_\_\_\_
4. Do you use any 1099 independent contractors who are in the allied health, healthcare, mental health or social work field?  Yes  No If yes, how many? \_\_\_\_\_
5. Have you had in the last 3 years any General Liability claim ?  Yes  No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Additional Insured:

*If you have any landlords to name as insureds, please list them below. This policy covers an unlimited number of office locations even if they are across multiple state lines. If you have more than four provide the additional information below on a separate sheet.*

Name of Landlord	Address of Landlord	Leased Address

## Coverage:

### IMPORTANT NOTES:

- Most insurance carriers exclude coverage for perils regarding all visitors, and limit coverages to only clients being served at the time that the actual peril or incident occurs. Most only cover you for incidents in your own office, and do not cover you for incidents in any other areas such as hallways, bathrooms, and waiting rooms. *This policy covers you for all visitors, all the time while on your premises, or on your rented event venue.*
- Many insurance carriers limit fire damage to only \$150,000 in total, and only one fire related claim per year. *This policy has no limits on the number of fire related claims per year, and full coverage of up to \$1,000,000 per policy claim per year, PLUS up to \$3,000,000 in aggregate for all fire incident claims per policy year.*

Select Your Coverage	Annual Revenue (last 12 months)	Per Occurrence	Per Aggregate	Annual Premium
<input type="checkbox"/>	Under \$250,000	\$1,000,000	\$3,000,000	\$650
<input type="checkbox"/>	\$250,001–\$500,000	\$1,000,000	\$3,000,000	\$890
<input type="checkbox"/>	\$500,001–\$750,000	\$1,000,000	\$3,000,000	\$1,130
<input type="checkbox"/>	\$500,001–\$750,000	\$1,000,000	\$3,000,000	\$1,370
<input type="checkbox"/>	\$1,000,001–\$1,250,000	\$1,000,000	\$3,000,000	\$1,610
<input type="checkbox"/>	\$1,250,001–\$1,500,000	\$1,000,000	\$3,000,000	\$1,850
<input type="checkbox"/>	\$1,500,001–\$1,750,000	\$1,000,000	\$3,000,000	\$2,090
<input type="checkbox"/>	\$1,750,001–\$2,000,000	\$1,000,000	\$3,000,000	\$2,330

### 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/acknowledge the coverage information in this application.

Signature

Today's Date

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

03-2019