



# Application for Behavioral & Allied Health Professional Liability Coverage

*This is an occurrence policy form. With an occurrence policy, you do not have to purchase a tail or extended reporting period (ERP) coverage after the policy is not needed. Please review the policy carefully and discuss coverage thereunder with your insurance agent or broker.*

*A lower limit of liability to judgments or settlements when there are allegations of sexual misconduct; (See IV.E. of the policy form)*

## Applicant Information:

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

**Check the single box that best describes your occupation:**

<input type="checkbox"/>	Aerobics Instructor
<input type="checkbox"/>	Art Therapist
<input type="checkbox"/>	Athletic Trainer
<input type="checkbox"/>	Audiologist
<input type="checkbox"/>	Behavior Consultant
<input type="checkbox"/>	Behavior Specialist
<input type="checkbox"/>	Behavior Technician
<input type="checkbox"/>	Behavior Therapist
<input type="checkbox"/>	Board Certified Assistant Behavior Analyst (BCaBA)
<input type="checkbox"/>	Board Certified Behavior Analyst (BCBA)
<input type="checkbox"/>	Certified Case Manager
<input type="checkbox"/>	Certified Fitness Professional
<input type="checkbox"/>	Certified Nutritional Consultant
<input type="checkbox"/>	Certified Nutritional Counselor
<input type="checkbox"/>	Certified Personal Trainer
<input type="checkbox"/>	Certified Rehabilitation Professional
<input type="checkbox"/>	Clinical Psychologist
<input type="checkbox"/>	Counselor
<input type="checkbox"/>	Counselor Intern (CI)
<input type="checkbox"/>	Dance Therapist
<input type="checkbox"/>	Dietitian

<input type="checkbox"/>	Dietitian/Nutritionist
<input type="checkbox"/>	Drug and Alcohol Counselor
<input type="checkbox"/>	Exercise Physiologist
<input type="checkbox"/>	Fitness Professional
<input type="checkbox"/>	Group Fitness Instructor
<input type="checkbox"/>	Health Educator
<input type="checkbox"/>	Health Worker
<input type="checkbox"/>	Kinesio Therapist
<input type="checkbox"/>	Kinesiologist
<input type="checkbox"/>	Licensed Assistant Behavior Analyst
<input type="checkbox"/>	Licensed Behavior Analyst
<input type="checkbox"/>	Licensed Clinical Professional Counselor (LCPC)
<input type="checkbox"/>	Licensed Clinical Social Worker (LCSW)
<input type="checkbox"/>	Licensed Educational Psychologist (LEP)
<input type="checkbox"/>	Licensed Marriage and Family Therapist (LMFT)
<input type="checkbox"/>	Licensed Mental Health Counselor (LMHC)
<input type="checkbox"/>	Licensed Professional Clinical Counselor (LPCC)
<input type="checkbox"/>	Licensed Professional Counselor (LPC)
<input type="checkbox"/>	Licensed Psychologist
<input type="checkbox"/>	Licensed/Certified School Counselor
<input type="checkbox"/>	Life Coach

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<input type="checkbox"/>	Limited Licensed Psychologist (LLP)
<input type="checkbox"/>	Marriage & Family Therapist Intern (MFTI)
<input type="checkbox"/>	Massage Therapist
<input type="checkbox"/>	Masters Level Psychologist (LLP)
<input type="checkbox"/>	Mental Health Technician
<input type="checkbox"/>	Music Therapist
<input type="checkbox"/>	Nationally Certified Counselor (NCC)
<input type="checkbox"/>	Nutritionist
<input type="checkbox"/>	Occupational Therapist
<input type="checkbox"/>	Optician
<input type="checkbox"/>	Pilates Instructor
<input type="checkbox"/>	Professional Clinical Counselor Intern
<input type="checkbox"/>	Provisional Licensed Professional Counselor
<input type="checkbox"/>	Psychological Assistant
<input type="checkbox"/>	Psychological Associate
<input type="checkbox"/>	Psychological Examiner
<input type="checkbox"/>	Qualified Mental Health Professional

<input type="checkbox"/>	Recreational Therapist
<input type="checkbox"/>	Rehabilitation Therapist
<input type="checkbox"/>	Rolfer
<input type="checkbox"/>	School Psychologist
<input type="checkbox"/>	Social Worker (BSW, LSW, MSW)
<input type="checkbox"/>	Speech Language Pathologist
<input type="checkbox"/>	Sports Medicine Instructor
<input type="checkbox"/>	Sports Medicine Therapist
<input type="checkbox"/>	Structural Body Worker
<input type="checkbox"/>	Student: Behavior Analysis
<input type="checkbox"/>	Student: Health
<input type="checkbox"/>	Student: Massage Therapy
<input type="checkbox"/>	Student: Mental Health
<input type="checkbox"/>	Wellness & Fitness Student
<input type="checkbox"/>	Wellness Counselor
<input type="checkbox"/>	Yoga Instructor
<input type="checkbox"/>	Yoga Therapist

### INELIGIBLE APPLICANTS

- Nurses, Nurse Practitioners, Technologists, and Physician Assistants
- Experimental or unconventional treatment activities (i.e. sweat lodges)
- Correctional institution based occupations
- Residential based treatment facilities, foster care facilities, or adoption agencies
- Students not working under the supervision of a supervisor with the same occupation as the field of study, or students working under the supervision of a supervisor who is not in state or federal compliance regarding license or certification

### Check the single box that applies to you:

<input type="checkbox"/>	Employed as a W2 employee (full-time or part-time)
<input type="checkbox"/>	Self-Employed (including acting as an independent contractor)

Do you have a current professional liability policy with the NASW Risk Retention Group?  Yes  No  
 If yes, what is your expiration date? \_\_\_\_\_

### Qualification Questions

1. Has a malpractice claim or lawsuit been brought against you?  Yes  No
2. Have any licensing board inquiries been filed against you?  Yes  No
3. Has any of your insurance ever been cancelled or non-renewed?  Yes  No
4. Have you ever been the subject of a reprimand or disciplinary action, refused employment or admission to a professional society, had your privileges suspended by any court or administrative agency, or been the subject of any ethics investigation at a local, state, or national level?  Yes  No
5. Are you aware of any circumstances 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 damages?  Yes  No

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**6. Do you provide therapies, services, or activities involving Equine Therapy and/or Canine Therapy?**  
 Yes  No (This policy provides for an Endorsement for Equine Therapy and/or Canine Therapy)

**7. Do you provide therapies, services, or activities involving Divorce Litigation?**  Yes  No (This policy provides for an Endorsement for Divorce Litigation)

If your answer to any of the questions is “YES”, please provide a detailed explanation on a separate sheet and include any pertaining documentation from a licensing board, ethics committee, professional association, or healthcare facility; (i.e.: complaint, dismissal letter, consent agreement, or pertinent court documents.)

## Coverage Options

### Our Professional Liability Policy Includes:

- Medical Payments \$5,000 per incident/\$50,000 limit per policy period
- Emergency First Aid \$15,000 no incident frequency limit
- Wage Loss & Expenses \$1,000 per day/\$35,000 limit per policy period
- First-Party Assault \$15,000 no incident frequency limit per policy period
- Deposition Expenses \$5,000 per incident/\$35,000 limit per policy period
- Subpoena Defense \$400 limit for 1 claim per policy year
- Sexual Misconduct \$25,000 limit per policy year
- Licensing Board Defense \$35,000 per incident (no incident frequency limit)
- HIPAA Records Defense \$25,000 per incident (no incident frequency limit)

### SELECT COVERAGE (check only one)

<input type="checkbox"/>	\$1,000,000 per occurrence/\$3,000,000 aggregate
<input type="checkbox"/>	\$1,000,000 per occurrence/\$5,000,000 aggregate
<input type="checkbox"/>	\$2,000,000 per occurrence/\$4,000,000 aggregate
<input type="checkbox"/>	\$3,000,000 per occurrence/\$5,000,000 aggregate

*The \$3,000,000/\$5,000,000 Limits of Liability option is only available for residents of the state of Virginia.*

### SELECT ENDORSEMENTS (optional, check as many as you like)

<input type="checkbox"/>	Canine Coverage up to policy limits (\$35 per year)
<input type="checkbox"/>	Equine Coverage up to policy limits (\$50 per year)
<input type="checkbox"/>	Divorce Litigation Coverage (Limit of \$15,000/\$15,000) (\$99 per year)
<input type="checkbox"/>	Third-Party Data Breach (Limit of \$5,000/\$12,000 per year) (\$59 per year)

### SELECT THE ENDORSEMENT LICENSING BOARD COVERAGE (optional)

<input type="checkbox"/>	Increase from \$35,000 covered by the base policy to \$50,000 (\$50 per year)
<input type="checkbox"/>	Increase from \$35,000 covered by the base policy to \$75,000 (\$75 per year)
<input type="checkbox"/>	Increase from \$35,000 covered by the base policy to \$100,000 (\$100 per year)

## Attest & Authenticate

The applicant declares the information contained in the application is true and that no materials facts have been suppressed or misstated. The applicant understands that incorrect information could void the insurance coverage. Submitting 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 thereto, commits a fraudulent insurance act. I have read/acknowledge the coverage information in this application.

Signature of Applicant

Today's Date

Desired Policy Effective Date

02-2019