



Application for Business Professional Liability

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.

We offer coverage for corporations, group practices and agencies, and nonprofit organizations with a legal entity (even a 1-person LLC).

If you have many offices and even offices in other states, they are covered for no additional charge.

Our professional liability product is for behavioral and allied health businesses.

Applicant Information:

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 business.

Does your business have a website, if yes, please list: _____

Qualification Questions:

1. Have you or your business even been subject of a reprimand or disciplinary action, refunded employment or admission to a professional society, had your professional privileges suspended by any court or administration agency, or been the subject of an ethics investigation at a local, state or national level? Yes No
2. Has any insurance for your business ever been canceled or non-renewed? Yes No
3. Has any malpractice claim or suit ever been brought against you or your business? Yes No
4. 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 your business; or during the past twenty-four (24) months have any of your clients or patients in your firm's care die; or did any sustain serious injury; or cause any property damage? Yes No
5. 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
6. Do you or your business directly conduct adoption services? Yes No
7. Do you or your business directly conduct foster care services Yes No

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8. Do you or any of your employees provide any of the following services?

- Legal Proceedings (esp. mitigation investigation pre–and post-trial)
- Mental Health Services for Sex Offenders
- Psychiatric Services On-site
- None of these

If your answer to any of the questions is “YES” (and/or you have checked any of the services your employees provide in question #8), 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:***

- Deposition Expense \$5,000 per incident/\$35,000 per policy period
- Subpoena Defense \$400 limit for one claim per policy year
- State License Board Investigation Defense \$35,000 (upgrade endorsements available)
- Emergency First Aid \$15,000 no incident frequency limit
- HIPAA Records Defense \$25,000 per incident (no incident frequency limit)
- First-Party Assault \$15,000 no incident frequency limit per policy period
- Medical Payments \$5,000 per incident/\$50,000 limit per policy period
- Wage Loss & Expenses \$1,000 per day/\$35,000 limit per policy period
- Divorce Litigation up to policy limits

SELECT COVERAGE (check only one)

- \$1,000,000 per occurrence/\$3,000,000 aggregate (\$578 annual premium)
- \$1,000,000 per occurrence/\$5,000,000 aggregate (\$615 annual premium)
- \$2,000,000 per occurrence/\$4,000,000 aggregate (\$613 annual premium)
- \$3,000,000 per occurrence/\$5,000,000 aggregate (\$613 annual premium)

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

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

- Canine Coverage up to policy limits (\$35 per year)
- Equine Coverage up to policy limits (\$50 per year)

SELECT THE ENDORSEMENT LICENSING BOARD COVERAGE (optional)

- Increase from \$35,000 covered by the base policy to \$50,000 (\$50 per year)
- Increase from \$35,000 covered by the base policy to \$75,000 (\$75 per year)
- Increase from \$35,000 covered by the base policy to \$100,000 (\$100 per year)

Employees:

To cover employees, on a separate sheet, please attach a list of all employees with all job titles, number of workers in each job category (see categories below). List the total number of employees (full-time or part-time) in each of the job categories.

All employees listed must meet State continuing education requirements in order to be eligible for coverage. (Use the table and key below to determine your premium.)

Limits of Liability	Flat Coverage C/O	Psychiatrist per person	Psychologist per person	Prof Staff per person
\$1,000,000/\$3,000,000	\$578	\$1,514	\$462	\$126
\$1,000,000/\$5,000,000	\$615	\$1,610	\$491	\$134
\$2,000,000/\$4,000,000	\$613	\$1,606	\$490	\$134
\$3,000,000/\$5,000,000	\$613	\$1,610	\$491	\$134

Determine your Business Professional Liability Premium:

1. The flat coverage is the automatic premium base.
2. Rates are for each employee based on full-time service.
3. Using the table 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.
4. Total all sub-totals to get your premium.

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

- 1 owner psychologist = \$462
- 3 professional staff = \$126 x 3 = \$378
- Flat rate = \$578

TOTAL QUOTE = \$1,418

Need Assistance? Please contact us or use our online application
www.assurance4you.com • 855.835.2160 • info@assurance4you.com

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.

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 _____



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.



Assurance4You

Mail application to:
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Frederick, MD 21701

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