



Application for Behavioral & Allied Health Professional Liability Coverage

Employed as W2 Employee

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)

This application is for professionals employed as a W2 employee, either full-time or part-time. If you are self-employed or acting as an independent contractor (1099) please use our application for self-employed professionals. If acting as both, W2 and self-employed, use the self-employed application.

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"/>	Health and Wellness Educator/Counselor
<input type="checkbox"/>	Art Therapist	<input type="checkbox"/>	Heller Worker or Rolfer
<input type="checkbox"/>	Athletic Trainer	<input type="checkbox"/>	Kinesio Therapist
<input type="checkbox"/>	Audiologist	<input type="checkbox"/>	Kinesiologist
<input type="checkbox"/>	Behavior Consultant	<input type="checkbox"/>	Licensed Assistant Behavior Analyst
<input type="checkbox"/>	Behavior Specialist	<input type="checkbox"/>	Licensed Behavior Analyst
<input type="checkbox"/>	Behavior Technician	<input type="checkbox"/>	Licensed Clinical Professional Counselor (LCPC)
<input type="checkbox"/>	Behavior Therapist	<input type="checkbox"/>	Licensed Marriage and Family Therapist (LMFT)
<input type="checkbox"/>	Board Certified Assistant Behavior Analyst (BCaBA)	<input type="checkbox"/>	Licensed Professional Counselor (LPC)
<input type="checkbox"/>	Board Certified Behavior Analyst (BCBA)	<input type="checkbox"/>	Licensed/Certified School Counselor
<input type="checkbox"/>	Certified Case Manager	<input type="checkbox"/>	Life Coach
<input type="checkbox"/>	Certified Rehabilitation Professional	<input type="checkbox"/>	Massage Therapist
<input type="checkbox"/>	Counselor/Counseling Professional	<input type="checkbox"/>	Mental Health Services Professional
<input type="checkbox"/>	Dance Therapist	<input type="checkbox"/>	Music Therapist
<input type="checkbox"/>	Exercise Physiologist	<input type="checkbox"/>	Nutritionist & Dietitian Professional
<input type="checkbox"/>	Fitness Professional	<input type="checkbox"/>	Occupational Therapist
<input type="checkbox"/>	Group Fitness Instructor	<input type="checkbox"/>	Optician

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<input type="checkbox"/>	Personal Training Professional (Health & Fitness)
<input type="checkbox"/>	Pilates Instructor
<input type="checkbox"/>	Professional Clinical Counselor Intern
<input type="checkbox"/>	Provisional Licensed Professional Counselor
<input type="checkbox"/>	Psychologist or related Psychology Professional
<input type="checkbox"/>	Recreational Therapist
<input type="checkbox"/>	Rehabilitation Therapist
<input type="checkbox"/>	Social Work Services
<input type="checkbox"/>	Speech Therapist
<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"/>	Substance Abuse 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

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 canceled 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
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)

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

A. SELECT COVERAGE (Check only one. To determine your premium please see the employed rate chart attached to this application. Choose your occupation and enter the corresponding rate.)

<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	\$

B. SELECT THE ENDORSEMENT LICENSING BOARD COVERAGE (optional, check one only)

<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)	\$

C. SELECT ENDORSEMENTS (optional, check as many as you like and enter amount in last column)

<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)	\$
	Total Endorsement Premium:	\$

D. TOTAL POLICY PREMIUM

A. Selected Coverage Limits	\$
B. Endorsement Licensing Board Coverage	\$
C. Selected/Optional Endorsements	\$
Total Policy Premium:	\$

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

08-2021

Behavioral & Allied Health Occupations

Rates by Limits • Employed

Occupation	\$1M/\$3M	\$1M/\$5M	\$2M/\$4M	\$3M/\$5M*
Aerobics Instructor	\$247	\$296	\$346	\$371
Art Therapist	\$93	\$112	\$130	\$140
Athletic Trainer	\$185	\$222	\$259	\$278
Audiologist	\$133	\$160	\$186	\$200
Behavior Consultant	\$115	\$138	\$161	\$173
Behavior Specialist	\$115	\$138	\$161	\$173
Behavior Technician	\$115	\$138	\$161	\$173
Behavior Therapist	\$115	\$138	\$161	\$173
Board Certified Assistant Behavior Analyst (BCaBA)	\$135	\$162	\$189	\$203
Board Certified Behavior Analyst (BCBA)	\$135	\$162	\$189	\$203
Certified Case Manager	\$102	\$122	\$143	\$153
Certified Rehabilitation Professional	\$169	\$203	\$237	\$254
Counselor/Counseling Professional	\$300	\$360	\$420	\$450
Dance Therapist	\$91	\$109	\$127	\$137
Exercise Physiologist	\$142	\$170	\$199	\$213
Fitness Professional	\$173	\$208	\$242	\$260
Group Fitness Instructor	\$260	\$312	\$364	\$390
Health and Wellness Educator/Counselor	\$135	\$162	\$189	\$203
Heller Worker or Rolfer	\$149	\$179	\$209	\$224
Kinesio Therapist	\$122	\$146	\$171	\$183
Kinesiologist	\$122	\$146	\$171	\$183
Licensed Assistant Behavior Analyst	\$115	\$138	\$161	\$173
Licensed Behavior Analyst	\$115	\$138	\$161	\$173
Licensed Clinical Professional Counselor (LCPC)	\$276	\$331	\$386	\$414
Licensed Marriage and Family Therapist (LMFT)	\$182	\$218	\$255	\$273
Licensed Professional Clinical Counselor (LPCC)	\$276	\$331	\$386	\$414
Licensed Professional Counselor (LPC)	\$276	\$331	\$386	\$414
Licensed/Certified School Counselor	\$133	\$160	\$186	\$200
Life Coach	\$120	\$144	\$168	\$180
Massage Therapist	\$191	\$229	\$267	\$287
Mental Health Services Professional	\$333	\$400	\$466	\$500
Music Therapist	\$82	\$98	\$115	\$123
Nutritionist and Dietitian Professional	\$102	\$122	\$143	\$153
Occupational Therapist	\$75	\$90	\$105	\$113
Optician	\$300	\$360	\$420	\$450
Personal Training Professional (Health & Fitness)	\$185	\$222	\$259	\$278
Pilates Instructor	\$213	\$256	\$298	\$320
Professional Clinical Counselor Intern	\$300	\$360	\$420	\$450
Provisional Licensed Professional Counselor	\$300	\$360	\$420	\$450

* Coverage limits \$3M/\$5M available to Virginia residents only.

Behavioral & Allied Health Occupations

Rates by Limits • Employed

Occupation	\$1M/\$3M	\$1M/\$5M	\$2M/\$4M	\$3M/\$5M*
Psychologist or related Psychology Professional	\$413	\$496	\$578	\$620
Recreational Therapist	\$98	\$118	\$137	\$147
Rehabilitation Therapist	\$164	\$197	\$230	\$246
Social Work Services	\$275	\$330	\$385	\$413
Speech Therapist	\$125	\$150	\$175	\$188
Sports Medicine Instructor	\$142	\$170	\$199	\$213
Sports Medicine Therapist	\$147	\$176	\$206	\$221
Structural Body Worker	\$171	\$205	\$239	\$257
Student: Behavior Analysis	\$47	\$56	\$66	\$71
Student: Health	\$29	\$35	\$41	\$44
Student: Massage Therapy	\$102	\$122	\$143	\$153
Student: Mental Health	\$180	\$216	\$252	\$270
Substance Abuse Counselor	\$129	\$155	\$181	\$194
Yoga Instructor	\$213	\$256	\$298	\$320
Yoga Therapist	\$213	\$256	\$298	\$320

* Coverage limits \$3M/\$5M available to Virginia residents only.