



# Application for Behavioral & Allied Health Professional Liability Coverage

## Self-Employed

*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 who are self-employed or acting as an independent contractor (1099).  
If acting as both, W2 and self-employed, use this 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"/> Heller Worker or Rolfer
<input type="checkbox"/> Art Therapist	<input type="checkbox"/> Kinesio Therapist
<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Kinesiologist
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Licensed Assistant Behavior Analyst
<input type="checkbox"/> Behavior Consultant	<input type="checkbox"/> Licensed Behavior Analyst
<input type="checkbox"/> Behavior Specialist	<input type="checkbox"/> Licensed Clinical Professional Counselor (LCPC)
<input type="checkbox"/> Behavior Technician	<input type="checkbox"/> Licensed Marriage and Family Therapist (LMFT)
<input type="checkbox"/> Behavior Therapist	<input type="checkbox"/> Licensed Professional Counselor (LPC)
<input type="checkbox"/> Board Certified Assistant Behavior Analyst (BCaBA)	<input type="checkbox"/> Licensed/Certified School Counselor
<input type="checkbox"/> Board Certified Behavior Analyst (BCBA)	<input type="checkbox"/> Life Coach
<input type="checkbox"/> Certified Case Manager	<input type="checkbox"/> Massage Therapist
<input type="checkbox"/> Certified Rehabilitation Professional	<input type="checkbox"/> Mental Health Services Professional
<input type="checkbox"/> Counselor/Counseling Professional	<input type="checkbox"/> Music Therapist
<input type="checkbox"/> Dance Therapist	<input type="checkbox"/> Nutritionist & Dietitian Professional
<input type="checkbox"/> Exercise Physiologist	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Fitness Professional	<input type="checkbox"/> Optician
<input type="checkbox"/> Group Fitness Instructor	<input type="checkbox"/> Personal Training Professional (Health & Fitness)
<input type="checkbox"/> Health and Wellness Educator/Counselor	<input type="checkbox"/> Pilates Instructor

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<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 Preferra Insurance Company RRG (formerly, 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.)

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## 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.**

Do you want to buy this coverage in the name of your business? ☐ Yes ☐ No

If yes, legal name of your business: \_\_\_\_\_

**A. SELECT COVERAGE (Check only one. To determine your premium please see the self-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)	\$
<b>Total Endorsement Premium:</b>		<b>\$</b>

**D. WORKPLACE LOCATION COVERAGE**

Workplace Location Coverage is purchased for an additional amount based on the coverage limits selected (Section A). Enter the amount below corresponding to your selected limit coverage on the previous page in Section C in the last column on the Workplace Location Coverage line.

<input type="checkbox"/>	\$1,000,000 per occurrence/\$3,000,000 aggregate	\$ 623.00
<input type="checkbox"/>	\$1,000,000 per occurrence/\$5,000,000 aggregate	\$ 748.00
<input type="checkbox"/>	\$2,000,000 per occurrence/\$4,000,000 aggregate	\$ 872.00
<input type="checkbox"/>	\$3,000,000 per occurrence/\$5,000,000 aggregate	\$ 935.00

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## Additional Insureds

The Additional Insured Endorsement premium is based on 20% your selected coverage limit rate and the number of additional insureds you would like cover.

The individuals and/or organizations such as landlords, employers, related services contract of services or those parties who own or are in control of the locations where Professional Services are delivered, are identified as Additional Insureds. If a legal entity is identified as an Additional Insured on this Endorsement, no officer, director, employee, member, contractor, or person associated with the legal entity is insured under this Policy unless that person is identified as a First Named Insured of the policy.

**Are you required by your profession (or related to your professional services) to list any entity as an additional insured on your professional liability policy?** ☐ Yes ☐ No

**Additional Insureds (Entity):** Please add the name, address, city, state, zip and any additional information\* for the entity(ies) to be insured. If you have more than three (3) please provide on a separate sheet of paper and attach to your completed application.

Name	Address	City	State	Zip

**Additional Insureds (Entity):** If you have more additional insureds to add beyond those required, please add the name, address, city, state, zip and any additional information\* for the entity(ies) to be insured. If you have more than five (5) please provide on a separate sheet of paper and attach to your completed application.

Name	Address	City	State	Zip

**\*Additional Information:** For any additional information on each additional insured, please provide on a separate sheet of paper and attach to your completed application.

**Determine Your Additional Insureds Premium:** Use the work table below to enter "Your Coverage Limit Rate" multiply by 20% to determine base premium and then multiply the number of insureds listed on the previous page (and/or on your attached sheet). Enter your "Your Additional Insured Premium" amount in Section C in the last column on the Additional Insured line.

Your Rate	20% of Your Rate	Number of Insureds	Your Additional Insured Premium

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## Employees, Staff, Affiliated Professionals

To determine your premium, please list who is going to be covered, their occupation and corresponding rate (see employed rate chart) and their relationship (W2 employee, independent contractor, temporary workers, student/ intern, or others, except administrative staff not providing professional services). This endorsement does NOT apply to the first named insured. (Full Time Applicant)

Discount: Add the total named insured employees, independent contractors, etc with the total corresponding premium rate fee. The named insured endorsement premium discount is applied for the following staff volume and only applies to the staff related premium, not the entire policy premium:

2-5 Staff: 5% reduction off of the sum of corresponding occupation charges.

6-10 Staff: 8% reduction off of the sum of corresponding occupation charges.

11+ Staff: 15% reduction off of the sum of corresponding occupation charges.

Enter the determined endorsement premium amount on the previous page in Section C in the last column on the Named Insureds for Employees, Staff, and Affiliated Professionals line.

Name of Staff	Occupation	Relationship	Premium/Rate

*\*If you have more than six (6), please attached a separate sheet with all the required information.*

**Discount:**

**Endorsement Premium:**

## Policy Premium

Please list your coverage limit selection and add-on endorsement premiums to determine your policy premium.

	Premium/Rate
A. Selected Coverage Limits	\$
B. Endorsement Licensing Board Coverage	\$
C. Selected/Optional Endorsements	\$
D. Workplace Location Coverage	\$
E. Additional Insureds	\$
F. Employees, Staff, Affiliated Professionals	\$
<b>Total Policy Premium:</b>	<b>\$</b>

*Please go to the next page to indicate your payment method.*

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## Payment Information

Payment Method: ☐ Check ☐ Credit Card

Total Amount:

If Paying by Check Please Provide (make check payable to: PREFERRA INSURANCE COMPANY RRG)

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.

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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

01-2023

# 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.

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# 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.

01-2023



# Behavioral & Allied Health Occupations

*Rates by Limits • Self-Employed*

Occupation	\$1M/\$3M	\$1M/\$5M	\$2M/\$4M	\$3M/\$5M*
Aerobics Instructor	\$449	\$539	\$629	\$674
Art Therapist	\$251	\$301	\$351	\$377
Athletic Trainer	\$693	\$832	\$970	\$1,040
Audiologist	\$243	\$292	\$340	\$365
Behavior Consultant	\$254	\$305	\$356	\$381
Behavior Specialist	\$254	\$305	\$356	\$381
Behavior Technician	\$254	\$305	\$356	\$381
Behavior Therapist	\$254	\$305	\$356	\$381
Board Certified Assistant Behavior Analyst (BCaBA)	\$323	\$388	\$452	\$485
Board Certified Behavior Analyst (BCBA)	\$323	\$388	\$452	\$485
Certified Case Manager	\$245	\$294	\$343	\$368
Certified Rehabilitation Professional	\$345	\$414	\$483	\$518
Counselor/Counseling Professional	\$379	\$455	\$531	\$569
Dance Therapist	\$220	\$264	\$308	\$330
Exercise Physiologist	\$181	\$217	\$253	\$272
Fitness Professional	\$192	\$230	\$269	\$288
Group Fitness Instructor	\$470	\$564	\$658	\$705
Health and Wellness Educator/Counselor	\$140	\$168	\$196	\$210
Hellor Worker or Rolfer	\$723	\$868	\$1,012	\$1,085
Kinesio Therapist	\$350	\$420	\$490	\$525
Kinesiologist	\$154	\$185	\$216	\$231
Licensed Assistant Behavior Analyst	\$788	\$946	\$1,103	\$1,182
Licensed Behavior Analyst	\$788	\$946	\$1,103	\$1,182
Licensed Clinical Professional Counselor (LCPC)	\$522	\$626	\$731	\$783
Licensed Marriage and Family Therapist (LMFT)	\$270	\$324	\$378	\$405
Licensed Professional Clinical Counselor (LPCC)	\$522	\$626	\$731	\$783
Licensed Professional Counselor (LPC)	\$522	\$626	\$731	\$783
Licensed/Certified School Counselor	\$254	\$305	\$356	\$381
Life Coach	\$288	\$346	\$403	\$432
Massage Therapist	\$307	\$368	\$430	\$461
Mental Health Services Professional	\$605	\$726	\$847	\$908
Music Therapist	\$227	\$272	\$318	\$341
Nutritionist and Dietician Professional	\$511	\$613	\$715	\$767
Occupational Therapist	\$172	\$206	\$241	\$258
Optician	\$544	\$653	\$762	\$816
Personal Training Professional (Health & Fitness)	\$200	\$240	\$280	\$300
Pilates Instructor	\$386	\$463	\$540	\$579
Professional Clinical Counselor Intern	\$379	\$455	\$531	\$569
Provisional Licensed Professional Counselor	\$379	\$455	\$531	\$569

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

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# Behavioral & Allied Health Occupations

*Rates by Limits • Self-Employed*

Occupation	\$1M/\$3M	\$1M/\$5M	\$2M/\$4M	\$3M/\$5M*
Psychologist and related Psychology Professional	\$888	\$1,066	\$1,243	\$1,332
Recreational Therapist	\$261	\$313	\$365	\$392
Rehabilitation Therapist	\$398	\$478	\$557	\$597
Social Work Services	\$296	\$355	\$414	\$444
Speech Therapist	\$160	\$192	\$224	\$240
Sports Medicine Instructor	\$181	\$217	\$253	\$272
Sports Medicine Therapist	\$423	\$508	\$592	\$635
Structural Body Worker	\$525	\$630	\$735	\$788
Student: Behavior Analysis	\$86	\$103	\$120	\$129
Student: Health	\$53	\$64	\$74	\$80
Student: Massage Therapy	\$185	\$222	\$259	\$278
Student: Mental Health	\$326	\$391	\$456	\$489
Substance Abuse Counselor	\$288	\$346	\$403	\$432
Yoga Instructor	\$386	\$463	\$540	\$579
Yoga Therapist	\$386	\$463	\$540	\$579