





ANI #3

Social Service Professional Liability Supplemental Application

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Applicant Name:						
Quote Need by Date:		Pr	op. Effective	Date:		
Limits Requested:						
Limits Nequested.						
Please Note: This application is to conjunction with a General Liability https://secure.insurancefornonprofits	policy. Fo s.org/Brokers	r complete in s-New-Submis	structions o			
SOCIAL SERVICE PROFESSIONA	L LIABILIT	Y (SSP)				
Indicate the number of profession Contractors in the following prof			s Employee		s, and Indepen lease check h	
5	Employees		Volunteers		Independent Contractors	
Provider	FT	PT	FT	PT	FT	PT
Acupuncturist						
Adoption Service Employee						
Aide						
Assisted Living Provider						
Certified Enrollment Counselor						
Childcare Worker						
Chiropractor						
CNA/LPN/Nurse Assistant						
Coach/Assistant Coach						
Companion Care/Home Aide						
Daycare Provider						
Dental Hygienist/Assistant						
Educator/Instructor/Teacher						
Group Home/Supported Living Provider						
Home Health Aide (greater skill than Companion)						
Intake Coordinator/Specialist						
Mentor/Tutor						
Nutritionist/Dietician						
Optician						
Personal Care Attendant						
Phlebotomist						
Psychologist/Psychotherapist						
Recreational Instructor					1	
RN					1	
Social Worker/Case Worker						
Therapist/Counselor (All)						

Other Professionals (describe):

Veterinarian

2.	Indicate number of Annual Medi Contractors working for Applican If none, please check here: \[\sum_{\text{N}} \]	nt in the follo					dent		
	Madical Comitaca Drawidan	Emp	oyees	Volu	ınteers	Independent Contractors			
	Medical Services Provider	FT	PT	FT	PT	FT	PT		
	Dentist								
	Nurse Anesthetist, Midwife and/or Nurse Practitioner								
	Optometrist								
	Paramedic/EMT								
	Pharmacist								
	Physician Assistant								
	Physician/Surgeon/Psychiatrist								
3.	Note: Our policy may extend vica services rendered on the insured medical malpractice insurance w Does Applicant use any indeper								
	If yes:								
	a. Does Applicant require them to sign a hold harmless or indemnification agreement?								
	b. Does Applicant require and maintain on file certificates of insurance for each independent contractor reflecting minimum limits of liability of \$1,000,000?						☐ Yes ☐		
	c. Does Applicant require that all independent contractors name your organization as an Additional Insured on their insurance policy?								
4.	indicate here and attach a lise each independent contractor/10 Does Applicant provide services	vices to bi-polar, severely autistic, schizophrenic, paranoid,							
	psychotic, severely mentally ill clients or to adjudicated sex offenders?								
If yes, please provide details:					" " " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
5.	What security is provided for pro								
		Video Came							
i.	What method does Applicant us	e for de-esc	alation with a	agitated clien	nts?				
7 .	Does Applicant diagnose clients/residents?						☐ Yes ☐		
3.	Does Applicant prescribe or pro	ibe or provide medication to clients/residents?					☐ Yes ☐		
	If yes, please provide details: _								
_									
9.	Does Applicant verify licenses a	nd other cre	edentials of s	att betore hi	ring'?		☐ Yes ☐		
	a. If no, please explain:								
	b. If yes, are procedures in pla	ce to verify	current licens	ses are main	tained and in	good standing	g? 🔲 Yes 🏻		
0.	Does Applicant have a formal in administrator all incidents that m			e that require	es staff to rep	ort to an	☐ Yes [
	If yes, is a written record kept and reviewed regularly?						☐ Yes [
1.	Has Applicant or Applicant's sta	ff ever:							
	a. Been reprimanded, refused admission or suspended by any association or administrative agency?						☐ Yes [
	b. Had their license been under placed under conditional sta		on, suspend	ed, revoked,	voluntarily s	urrendered or	☐ Yes [
	If yes to either 11.a. or 11.b. abo	ove, please	provide detai	ls:					

12. Does Applicant provide home health s	☐ Yes ☐ No								
If yes, does Applicant:									
Require written plan by attending health services?	me Yes No								
If no, please explain:									
c. Are written, enforced and monitor	c. Are written, enforced and monitored policies and procedures in place regarding the following?								
Medical record documentation	Medical record documentation?								
2) Incident reporting?	ncident reporting?								
3) Employee training?	,								
4) Handling of complaints?									
, , , , , , , , , , , , , , , , , , , ,									
· · · · · · · · · · · · · · · · · · ·									
'									
Clients should be transferred		0.		☐ Yes ☐ No ☐ Yes ☐ No					
If no to any of 12.c., please explai	•								
ii no to any or 12.6., piease explai	II								
Claims and Insurance Information									
13. Has Applicant had any claims and/or ir	ncidents in the pa	st three (3) ye	ears?	☐ Yes ☐ No					
We require currently valued loss rur									
Supplemental Application for each of									
policy. If no coverage was in force, but a claim was made or an incident did occur, complete the Claims Supplemental Application to describe each incident.									
14. Does Applicant have knowledge or information of any incident which might give rise to a claim? 🗌 Yes 🔲 No									
If yes, please explain:	If yes, please explain:								
15. Has any insurance carrier declined to issue a Professional Liability policy to Applicant?									
If yes, please explain:									
16. Has any insurance carrier canceled or non-renewed any of Applicant's Professional Liability coverage?									
If yes, please explain:									
17. Does Applicant currently have any Pro	fessional Liability	coverage in	force?	☐ Yes ☐ No					
a. If yes, please complete the followir	-	J							
Company Effective Date		l iahility	Deductible	Annual Premium					
Company Encouve Batt	CO EITHEOU	Liability	Deddelible	Aimair Teiniam					
b. If yes, is current Professional Liabi	lity coverage writt	en on a claim	ne made hasis?	☐ Yes ☐ No					
c. If yes to 17.b. above, indicate curre			is-made basis:						
c. If yes to 17.b. above, indicate curre	ent itelioactive Di								
Signatures									
The undersigned is an authorized representative of the Applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.									
Applicant's Signature	Date	Producer's	Signature	Date					
Print or type Applicant's name		Applicant's	Title						