

ANI #3

Social Service Professional Liability Supplemental Application

Applicant Name: _____

Quote Need by Date: _____ Prop. Effective Date: _____

Limits Requested: _____

Please Note: This application is for Social Service Professional Liability coverage, and can only be bound in conjunction with a General Liability policy. For complete instructions on our submission requirements, please visit <https://secure.insurancefornonprofits.org/Brokers-New-Submissions.cfm>

SOCIAL SERVICE PROFESSIONAL LIABILITY (SSP)

1. Indicate the number of professionals that currently work as Employees, Volunteers, and Independent Contractors in the following professional capacities: If none, please check here: None

| Provider | Employees | | Volunteers | | Independent Contractors | |
|---|-----------|----|------------|----|-------------------------|----|
| | 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 | | | | | | |
| RN | | | | | | |
| Social Worker/Case Worker | | | | | | |
| Therapist/Counselor (All) | | | | | | |
| Veterinarian | | | | | | |
| Other Professionals (describe): | | | | | | |

2. Indicate number of Annual Medical Professional Staffing – Employees, Volunteers and Independent Contractors working for Applicant in the following medical professional capacities:

If none, please check here: None

| Medical Services Provider | Employees | | Volunteers | | Independent Contractors | |
|--|-----------|----|------------|----|-------------------------|----|
| | FT | PT | FT | PT | FT | PT |
| Dentist | | | | | | |
| Nurse Anesthetist, Midwife and/or Nurse Practitioner | | | | | | |
| Optometrist | | | | | | |
| Paramedic/EMT | | | | | | |
| Pharmacist | | | | | | |
| Physician Assistant | | | | | | |
| Physician/Surgeon/Psychiatrist | | | | | | |

Note: Our policy may extend vicarious professional coverage to the nonprofit entity as respects professional services rendered on the insured's behalf only if the above employed or volunteer professionals carry their own medical malpractice insurance with a minimum limit of liability of \$1,000,000.

3. Does Applicant use any independent contractors? Yes No

If yes:

a. Does Applicant require them to sign a hold harmless or indemnification agreement? Yes No

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 No

c. Does Applicant require that all independent contractors name your organization as an Additional Insured on their insurance policy? Yes No

Note: Typically, independent contractors/1099 workers are expected to procure their own insurance. Independent contractors/1099 workers are not covered under the policy for which Applicant is applying unless a special endorsement is added to the policy. If you would like us to consider adding this special endorsement to cover independent contractors/1099 workers providing services on your behalf, please indicate here and attach a list including the first and last name and a description of services provided by each independent contractor/1099 worker.

4. Does Applicant provide services to bi-polar, severely autistic, schizophrenic, paranoid, psychotic, severely mentally ill clients or to adjudicated sex offenders? Yes No

If yes, please provide details: _____

5. What security is provided for protection and/or monitoring of Applicant's clients/residents?
 None Guards Video Cameras Other (describe): _____

6. What method does Applicant use for de-escalation with agitated clients? _____

7. Does Applicant diagnose clients/residents? Yes No

8. Does Applicant prescribe or provide medication to clients/residents? Yes No

If yes, please provide details: _____

9. Does Applicant verify licenses and other credentials of staff before hiring? Yes No

a. If no, please explain: _____

b. If yes, are procedures in place to verify current licenses are maintained and in good standing? Yes No

10. Does Applicant have a formal incident procedure in place that requires staff to report to an administrator all incidents that may result in a claim? Yes No

If yes, is a written record kept and reviewed regularly? Yes No

11. Has Applicant or Applicant's staff ever:

a. Been reprimanded, refused admission or suspended by any association or administrative agency? Yes No

b. Had their license been under investigation, suspended, revoked, voluntarily surrendered or placed under conditional status? Yes No

If yes to either 11.a. or 11.b. above, please provide details: _____

