

American Professional
Agency, Inc.



PROFESSIONAL AND OFFICE LIABILITY
INSURANCE PROGRAM



DESIGNED FOR

MENTAL HEALTH COUNSELORS
AND
MARRIAGE AND FAMILY THERAPISTS

Program Administered by:
American Professional Agency, Inc.

Program Underwritten by:
Allied World Assurance Company

www.americanprofessional.com

A SPECIAL INSURANCE PLAN DESIGNED FOR YOU

American Professional Agency, Inc. has worked for over 30 years to meet the insurance needs of mental health professionals with caring professional services.

Mental health counseling demands personal involvement with people, their situations and their environment. Unfortunately, such involvement in the course of your work may sometimes place you in a situation where you are vulnerable to legal action. There is always the possibility that you may be held personally responsible for some alleged malpractice, error or mistake, arising out of your professional services regardless of your training or experience.

Lawsuits are unpleasant. They're also expensive. Any claim by one of your clients for alleged negligence, even though it may be invalid, must be defended. Just the cost of such defense can be very high.

If you are named in a lawsuit, you need and deserve the best liability coverage available. You want professional liability coverage designed and administered by the foremost authority in professional liability.

COVERAGE FEATURES

Claims-made coverage

The policy protects you for any covered act, error or omission in rendering or failing to render professional services, which were performed (or should have been performed) **after** the retroactive date shown on your Declarations page. The claim must **also** first be made while the policy is in effect. Claims-made policies generally require stepped increases for a five to six year period from the policy's inception. At the end of this period, the policy is said to "mature" and the premium usually stabilizes and levels off.

Extended Reporting Period Endorsement (Tail Coverage)

When your coverage under this policy ends, either because you decide to cancel it or not renew it, or we cancel or nonrenew (other than for nonpayment of premium), we will offer you in accordance with the terms of the policy, the right to purchase an unlimited extended reporting period endorsement within 60 days from the cancellation date or nonrenewal for an additional premium charge of 175% of your expiring annual premium.

We will offer you the right to request the extended reporting period endorsement at no additional charge if you fully retire and had a policy with us for 5 years, if you become permanently disabled or if you die.

Prior Acts Option

Prior Acts coverage may be available for your claims-made policy if approved by the underwriters.

This option is made available to those applicants whose current coverage is written on a claims-made basis and wish to maintain their current retroactive date to avoid any gap in coverage. If you did not purchase the tail from your previous claims-made policy, we advise you to do so or purchase prior acts coverage. Purchasing prior acts coverage may be less expensive than purchasing a tail on your previous policy. If you do not purchase a tail on your previous policy, or purchase prior acts coverage on your new policy, you will have a gap in your insurance coverage. You will be uninsured for those activities that took place while you were insured under the previous policy but were reported after that policy's termination.

Additional Coverage Features

- Separate limits of liability (per claim and each aggregate) for professional liability and defense reimbursement for each named insured on group policies.
- Automatic coverage of additional professionals hired during the policy term. Note that the policy broadly defines **You** to mean the individual, partnership, corporation or any entity named in the Declarations

(face page) of the policy **and also** any present or former employee, partner, executive officer, director or stockholder thereof while acting in his or her duties as such.

- Built-in \$5,000 for legal fee reimbursement for costs relating to proceedings (a hearing or disciplinary action before a state or other licensing board or governmental regulatory body involving allegations of unprofessional conduct, or a civil proceeding in which you are not a defendant but have been ordered to offer deposition testimony regarding treatment rendered to a patient, or a civil proceeding in which you are not a party but have received a subpoena for record production).
- Worldwide coverage as long as the suit is brought in a court in the U.S.A. or Canada.
- \$250 per diem up to \$5,000 for income loss due to your attendance at court and/or depositions in defending a suit against you.
- Premises Liability at no additional charge to protect you from third parties who are injured (tripping or falling, etc.) while at your professional office.
- Defense costs, charges and expenses are covered in addition to the limits of liability chosen.
- In the event of a covered loss, the Company will appoint qualified legal counsel to defend you. Coverage shall also apply to loss and claims expenses, adjusting expenses, investigation costs and legal fees.

UNDERWRITING

Completion of an application does not bind the insurance company to issue coverage. While most applicants are accepted, it is possible that an applicant may not be accepted based upon information contained in the application.

All policies will become effective on the first day of the month following the date the completed application is approved and premium is received. Consideration will be given to those applicants requiring a date other than the first of the month, however, no policies will be backdated. Please make this request when the application is submitted.

Policy coverages and benefits are subject to the terms, conditions and exclusions contained in the policy. For complete provisions, including exclusions, please refer to the policy itself. A specimen copy of the policy is available upon request or on our website at www.americanprofessional.com.

SUPPLEMENTAL FORMS

Some additional information may be required if you are requesting certain coverages on your Mental Health Counselors and Marriage and Family Therapists Professional Liability policy. In order to advise you if you qualify, additional forms are required.

The following forms are included:

Part-time Worksheet – MUST be included if you are applying for the Part-time discount.

Additional Insured Request – If you are requesting an Additional Insured/Landlord be added to your coverage, this form must be completed.

Pastoral Counselor Questionnaire – If you are applying for coverage under GROUP 4 Pastoral and Clergy Counselors, this form needs to be completed and sent with your application in order for us to determine if you qualify for this rate.

Certified Hypnotist Questionnaire – If you are applying for coverage under GROUP 5 as a Certified Hypnotist, this form needs to be completed and sent with your application in order for us to determine if you qualify for coverage.

PART-TIME DISCOUNT WORKSHEET

THIS FORM MUST BE RETURNED WITH YOUR APPLICATION ONLY IF YOU ARE APPLYING FOR THE PART-TIME RATE.

Name of Applicant: _____	Number of hours per week
1. Practice as a sole practitioner seeing patients. This would include private practice, paid consultation, supervision and volunteer work.	_____
2. Practice as a W2 form employee.	_____
3. Supervision of students seeing patients. (Time spent in teaching does not need to be included.) However, if you have indicated on your application that you are working at a University/College please state the number of hours of clinical practice performed there.	_____
4. Do you own or partly own a Corporation, Partnership or LLC that provides Mental Health services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you may not qualify for the part-time rate.*	
Total weekly hours	_____

Signature

Date

NOTE:

Please be advised that you do not qualify for the part-time discount if your total working hours in **ALL** positions (including W2 employment) exceeds 20 hours a week. * **Also if you are incorporated, in a partnership, have any W2 form employees or if you use the services of four (4) or more independent contractors you do not qualify for this discount due to the added exposure. You must submit the full-time premium.**

Furthermore, if you are self-employed and fully covered as a W2 employee and wish to apply for part-time coverage the following must be submitted: a statement indicating you are fully covered at your W2 employment.

Risk Management discount should not be taken. You must submit the premium and completion certificates and we will refund the difference if Risk Management courses meet underwriting criteria.

PASTORAL COUNSELOR QUESTIONNAIRE

1. Are you an Ordained Minister?

2. What Religion are you practicing? (ex.Catholic , Lutheran, etc.)

3. Where are you practicing? List all areas and specify if it is in the auspices of a church, etc.

4. What type of counseling do you practice and for what type of clientele?

5. How do you title yourself? I practice as a _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Name of Applicant: _____

REQUEST FOR ADDITIONAL INSURED
Complete the following questionnaire and return to:

American Professional Agency, Inc.
95 Broadway
Amityville, NY 11701

1. Name and address of proposed Additional Insured:

2. Nature of proposed Additional Insured's Business:

3. The Additional Insured is my:
 Employer Landlord Professional Corporation
Other _____(specify)

4. The Additional Insured gives me the following form to file with the IRS:
 W-2 1099
Other _____(specify)

5. Describe relationship between you and the proposed Additional Insured:

6. Are you requesting that the entity named in Question #1 be added as an Additional Insured in order to fulfill a contractual obligation?:
 Yes No: If Yes, give full particulars:

Signature of Insured: _____ **Date:** _____

Signing this form and tendering premium does not bind the applicant or the Company to add the proposed Additional Insured to the policy. Please make checks payable and mail to:
"American Professional Agency, Inc."

HYPNOTIST QUESTIONNAIRE

If you are applying for coverage as a Hypnotherapist, the following questions MUST be answered to determine if you are eligible for coverage.

Name of Applicant: _____

1. Do you hypnotize anyone for entertainment purposes? Yes No
2. Do you perform hypnosis as a form of anesthesia? Yes No
3. Do you provide any hands on therapy? Yes No
4. Do you provide life regression therapy? Yes No

If you have answered "Yes" to any of these questions, please submit in writing a detailed description of the services being provided.

Application Completion Guidelines

1. EVERY QUESTION ON THE APPLICATION MUST BE ANSWERED.
2. If you answer "YES" to any of the questions in the Representation Section, make sure you provide us with all documentation required.
3. If you are requesting Prior Acts coverage, we require a copy of your current Declarations page.
4. Make sure you sign and date the completed application.
5. Please make the checks (in U.S. currency) payable to: American Professional Agency, Inc.

Any questions regarding the coverage should be addressed to:

American Professional Agency, Inc.

95 Broadway

Amityville, NY 11701

(631) 691-6400 • (800) 421-6694

www.americanprofessional.com

This insurance is offered through the Professional Counselors Purchasing Group, Inc.
in conjunction with the American Professional Agency, Inc.

Underwritten by:

Allied World Assurance Company and its subsidiaries:

Darwin National Assurance Company

Darwin Select Insurance Company