

**ADDENDUM TO SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY POLICY  
AMERICAN HOME ASSURANCE COMPANY**

**REPRESENTATION SECTION**

Any policy issued by the Company is based on the following Representations:

18 \* After inquiry of each person named in **Question 5**:

\*“After inquiry” means the applicant has inquired of each person as to whether he/she has information pertinent to this question.

a) Has any professional liability claim or suit ever been made against the applicant named in Question 1, its directors, officers, or any person named in **Question 5**, their predecessors in business or against any past or present partner?      YES      NO

If yes, please give full particulars for each claim in order for your application to be considered: \_\_\_\_\_  
\_\_\_\_\_

b) Are there any circumstances which the applicant named in Question 1, its directors, officers, or any person named in **Question 5** is aware of that may result in any claim or suit being made against the applicant, its directors, officers, or any person named in **Question 5**, their predecessors in business or against any past or present partner or contractors/consultants?      YES      NO

If yes, please give full particulars in order for your application to be considered: \_\_\_\_\_  
\_\_\_\_\_

c) Has the applicant named in Question 1 or any person named in **Question 5** ever had any insurance company or Lloyd’s decline, cancel, refuse to renew or accept only on special terms any Professional Liability Insurance?      YES      NO

**MISSOURI APPLICANTS DO NOT RESPOND.**

If yes, please give full particulars in order for your application to be considered: \_\_\_\_\_  
\_\_\_\_\_

d) Has any person named in **Question 5**, ever been convicted of or charged with a crime (felony) in any state or country, the disposition of which was other than acquittal or dismissal?      YES      NO

If yes, please give full particulars in order for your application to be considered: \_\_\_\_\_  
\_\_\_\_\_

e) Has any person named in **Question 5**, ever had any licensing board or professional ethics body ever require you to surrender your license or found you guilty of violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country?      YES      NO

If yes, please give full particulars in order for your application to be considered: \_\_\_\_\_  
\_\_\_\_\_

f) Are there any charges pending against any person named in **Question 5**, by any licensing board or professional ethics body for violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country?      YES      NO

If yes, please give full particulars in order for your application to be considered: \_\_\_\_\_  
\_\_\_\_\_

g) Is any person named in **Question 5**, engaged in or ever been engaged in any sexual misconduct with any of your current or former patients or any current or former patient’s spouse or any person with a direct relationship to the patient or former patient (for example a guardian, blood relative of the patient or spouse or any person sharing the patient’s domicile)?      YES      NO

(Sexual misconduct means any actual or alleged erotic physical contact or attempt thereat or proposal thereof.)

If yes, please give full particulars in order for your application to be considered: \_\_\_\_\_  
\_\_\_\_\_