

Renewal Application

for **Social Service Agency Professional Liability Policy**
Offered through the Professional Counselors Purchasing Group, Inc.

Notice to Florida Applicants:
License #054346502 issued to Richard C. Imbert

Notice to California Applicants:
License #0555091 issued to American Professional Agency, Inc.

All questions must be answered and the application must be dated and signed before a quotation is given.

**NOTICE: A SMALLER LIMIT APPLIES WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT.
(SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY)**

1. Name of Applicant: _____
Address: _____

(If more than one location, list on a separate sheet and attach to the application.)

Person to Contact: _____
Business Telephone Number: () _____

2. Applicant is a: For Profit Corporation Nonprofit Corporation
 Partnership Municipal / Governmental
 Other
 (specify) _____

3. Limits of Liability desired (check one):
(Limits of Liability apply to each claim. A series of continuous, repeated or interrelated wrongful acts are considered one wrongful act and one claim.)

The first limit is applicable to each claim. The second limit is the annual aggregate the insurer is liable for.

- \$100,000/300,000 \$1,000,000/1,000,000 \$1,000,000/3,000,000
 \$1,000,000/4,000,000 \$1,000,000/5,000,000 \$2,000,000/2,000,000 \$2,000,000/4,000,000

4. List the name and information for every employee including clerical.
Independent Contractors are not to be listed since they are not personally protected.

Name	Degree & Field of Study	Licensed As	Certified As	Full Time Part Time	Position Held (Job Title)

5. Does the agency utilize the services of any Independent Contractors or Consultants (1099 form)? Yes No
If yes, on a separate sheet of paper, please provide us with all their names, degrees and fields of study.

6. Total number of hours donated by volunteers in an average work week: _____

7. Average number of students working for or training under the direction of the applicant named in Question 1: _____

8. The applicant is a member of (check next to those which apply):
 Council on Accreditation of Services for Families and Children
 Child Welfare League of America
 Family Service Association of America
 United Way
 Other (specify) _____

9. a) The agency is licensed by state or local authorities: Yes No
If yes, indicate which authority: _____

b) The agency is certified by: _____

10. Year established: _____

11. Indicate Gross Revenues:
a) Last Calendar Year: _____ b) This Calendar Year: _____

12. Give a complete description of the services provided. If additional space is required, attach a separate sheet to this application.
(Include any descriptive material and/or brochures.) _____

Please complete the application on the next page.

Renewal Application (continued)

ALL PARTS OF THE FOLLOWING QUESTIONS MUST BE ANSWERED.

If additional space is required, attach a separate sheet to this application.

ADOPTION SERVICES

13. Does the applicant provide adoption services? Yes No
- a) Number of adoptions arranged in the last calendar year: _____
- b) Estimate number of adoptions you will arrange this calendar year: _____
- c) What are the ages of the children placed for adoption? _____
- d) Outline the protocol used in the adoption procedure: _____

- e) Does applicant have legal custody of the child? Yes No
- f) Is a guardian appointed to ensure the child's welfare? Yes No

FOSTER CARE

14. Does the applicant place children in foster homes? Yes No
- a) Number of children placed in foster homes during the last calendar year: _____
- b) Estimate number of children you will place in foster homes this calendar year: _____
- c) What are the ages of the children placed in foster homes? _____
- d) How many foster homes does the applicant utilize? _____
- Are all homes licensed by applicable state and/or local authorities? Yes No
- e) How does the applicant obtain foster homes? _____

- f) Who licenses the foster homes? _____

- g) Does the applicant certify the foster homes it utilizes? Yes No
If yes, describe standards set for certification: _____

- h) What is the applicant's criteria upon which a foster home is rated and accepted? _____

- i) How often are children moved from one foster home to another? _____

- j) How many times does the applicant have its employees visit the children in the foster homes? _____
- k) Who compensates foster parents? _____
- l) Does the applicant require proof of Foster Parents Liability Insurance? Yes No
- m) Please forward proof of General Liability Insurance indicating minimum of \$100,000/\$300,000 coverage.
- n) What is the procedure utilized by the applicant to handle allegations of child abuse (sexual or other) in the foster home? _____

RESIDENTIAL

15. Does the applicant provide residential care services? Yes No
- a) Number of residents in the last calendar year: _____
- b) Estimate number of residents during this calendar year: _____
- c) Age limitations of residents: _____

Please complete the application on the next page.

Renewal Application (continued)

15. (continued)

d) Average age of residents: _____

e) Residents are: Male _____ Female _____ Both _____

f) Average length of stay by residents: _____

g) Number of beds the applicant maintains: _____

h) The applicant provides residential care for the following (check the boxes next to those you are involved in):

Half Way House for Handicapped

Half Way House for Convicts

Crisis Shelter

Half Way House for Troubled Juveniles

Orphanage

Other (specify): _____

i) How many residences/locations are utilized by applicant for residential services? _____

Attach a separate sheet listing locations.

j) Does the applicant own or lease the residences used for the residential care services? _____

k) Indicate client/staff ratio: _____

l) Describe the security measures the applicant has placed at each residence: _____

m) How many employees or persons under contract* with the applicant named in Question 1 staff the residence after normal hours of operation? _____

n) The agency must present proof of Comprehensive General Liability Insurance in a minimum amount of \$100,000/\$300,000.

o) How does the applicant obtain the residents utilizing the applicant's services? _____

p) Indicate the minimum number of monthly visits to the residence by the caseworker: _____

q) What is the procedure utilized by the applicant to handle allegations of child abuse (sexual or other) in the residential facility? _____

16. Does the applicant provide counseling services?

Yes No

a) The applicant provides (check next to those that apply):

out-patient services only

in-house patient services (bed and board facilities) only

both out-patient and in-house patient services

(Note: The policy does not cover liability arising out of clinics with in-house patient services.)

b) Number of client out-patient visits in last calendar year: _____

c) Estimate number of client out-patient visits during this calendar year: _____

d) What types of problems are treated by the applicant? _____

e) Does the applicant have services specifically concerned with sexual response/dysfunction? Yes No

If yes, does the agency utilize any sexual surrogates and/or hands on therapy when delivering these services? Yes No

Please explain: _____

***NOTE: This policy does not provide coverage to Independent Contractors/Consultants unless required by the insurance carrier. The Agency is always protected for their acts while doing work for the Agency.**

Please complete the application on the next page.

Renewal Application (continued)

16. (continued)

f) Does the applicant perform any research activities? Yes No

If yes, give full particulars: _____

g) Does the applicant maintain any facilities for detoxification of substance abuse? Yes No

If yes, give full particulars: _____

h) If the applicant provides group therapy sessions, answer the following:

1) Average size of group: _____

2) Average number of times a week the group meets: _____

3) Indicate the classes for whom group therapy is used: _____

i) Does the applicant provide hotline services? Yes No

If yes, answer the following:

1) What types of problems are handled by the hotline? _____

2) Do you use volunteers as hotline counselors? Yes No

3) If volunteers are used as counselors, outline the training they receive: _____

4) Hours of operation of the hotline: _____

5) Please provide us with a written protocol outlining the procedure for handling all calls.

17. Does the applicant provide resettlement services? Yes No

a) Please provide a copy of all the services provided by your agency including such information as protocol used for an unaccompanied minor; policy regarding periodic evaluation of foster homes, group homes, and residential care centers; procedures regarding the handling of alleged abuse of any kind.

b) Does the agency accept responsibility for the local resettlement of clients of a national voluntary agency? Yes No

If yes, please provide us with the written agreement which describes the relationship between the agencies and the services provided.

Please complete the application on the next page.

Renewal Application (continued)

REPRESENTATION SECTION

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

18. *After inquiry of each person named in Question 4:

**"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 4, 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 4 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 4, their predecessors in business or against any past or present partner or employees? 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 4 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 4, 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 4, 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 4, 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 4, 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: _____

Please complete the application on the next page.

Renewal Application (continued)

The applicant hereby represents that to the best of his/her knowledge the statements set forth in this application are true. If the information supplied on this application changes between the date of this application and the time when the policy is issued the applicant will immediately notify the Company.

Notice to Arkansas Applicants: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Notice to Colorado Applicants: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

Notice to Florida Applicants: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree."

Notice to Kentucky Applicants: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime."

Notice to Maine Applicants: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

Notice to New Jersey Applicants: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

Notice to New Mexico Applicants: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

Notice to New York Applicants: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

Notice to Ohio Applicants: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Notice to Pennsylvania Applicants: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Date: _____ Signature: _____
(APPLICANT/OWNER/PRESIDENT OF CORPORATION)

Title: _____

Signature of Authorized Representative of the American Professional Agency, Inc. _____

This application does not bind the applicant nor the Company to complete the insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued. Application must be signed, dated and fully completed to be considered for renewal.

Please mail to: American Professional Agency, Inc.

Program Administrator:

AMERICAN PROFESSIONAL AGENCY, INC.

95 Broadway, Amityville, NY 11701
(631) 691-6400 • (800) 421-6694

www.americanprofessional.com

Underwritten By:

**AMERICAN HOME ASSURANCE COMPANY
NEW HAMPSHIRE INSURANCE COMPANY**



A Member Company of
American International Group

**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: _____
