

Please complete every question fully.

4. **List Your Name** and **ALL** your credentials. In addition, list the names and **ALL** credentials of all your salaried (W2 form) employees, except clerical. If you are applying for a partnership policy, please list the partners as well. Please include the premium charge indicated on the rate schedule for yourself and each employee and/or partner.

Name	Academic Degree(s)	Field of Study	NASW Membership Number	Please complete each box			
				Academy of Certified Social Workers	Date Degree Received	Full Regular Member of NASW	Full title of your license or certification and the field of practice and state in which you hold it

5. (a) Are you engaged in self-employment, paid consultation or private practice? Yes No

(b) If you answered yes to question 5 (a), have you obtained your ACSW (Academy of Certified Social Workers) certification from the NASW or completed two years of supervised agency/organizational clinical social work that was supervised by a professional who holds a minimum of a Masters degree in the mental health field? Yes No

(c) Are you employed (W2 form employee)? Yes No

If yes, employed by: _____

(d) I understand that if I apply and qualify for the exclusively employed rate, the policy will exclude coverage for private practice.

6. Since the beginning of your last policy, has the insured been merged, consolidated, acquired, acquired someone else, or otherwise reorganized structurally (for example, changed from a partnership to a corporation or vice versa, or from an individual operation to a partnership or corporation)? Yes No

If yes, give details. _____

7. (a) Does the applicant use any Independent Contractors or Consultants (1099 form) whose services are in the mental health field and for whom you do billing for, share fees with or in any way derive income from the relationship? Yes No

(b) If yes, please list the name and professional credentials of each one.

The Independent Contractor (1099 form) charge shown on the rate schedule (Question 3) must be included for each Contractor or Consultant listed and added to your premium. **YOU WILL BE COVERED FOR THEIR ACTS BUT THE INDEPENDENT CONTRACTORS OR CONSULTANTS LISTED ARE NOT INSURED.**

Name of Independent Contractor or Consultant	Degree	Field of Study	License or Certification	
			State	Title

If additional space is required, please use a separate sheet of paper to submit a complete listing.

FOR OFFICE USE ONLY			
Independent Contractors:	_____	Marriage & Family Counselors	
	_____	Pastoral Counselors	_____ Psychiatrists _____ Psychologists
	_____	Social Workers	_____ Others

Please complete every question fully.

REPRESENTATION SECTION

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

8. *After inquiry of each individual listed in Question 4:

"After inquiry" means that the applicant has inquired of each person as to whether he/she has information pertinent to this question. **If you answer "Yes", please include all documents pertinent to the situation you are describing.

- (a) Has any person named in Question 4, including yourself, ever been convicted of or charged with a crime 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.

- (b) Has any person named in Question 4, including yourself, 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 (including alternative dispute resolution cases)? ****** Yes No

If yes, please give full particulars and copies of charges, correspondence and any findings in order for your application to be considered.

- (c) Are there any complaints, charges or investigations pending against any person named in Question 4, including yourself, 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 and copies of charges, correspondence and any findings in order for your application to be considered.

- (d) Has any person named in Question 4, including yourself, ever had any insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance? **NOTE: MISSOURI APPLICANTS DO NOT RESPOND.** Yes No

If yes, please give full particulars in order for your application to be considered.

- (e) Has any professional liability claim or suit ever been made against any person named in Question 4, including yourself, their predecessors in business or against any past or present partner(s)? Yes No

If yes, please give full particulars and copies of any summons and complaints, pertinent correspondence and outcome, if any, in order for your application to be considered.

- (f) Are there any circumstances of which any person named in Question 4, including yourself, is aware of that may result in any professional liability claim or suit being made against any person named in Question 4, their predecessors in business or against any past or present partner(s)? Yes No

If yes, please give full particulars in order for your application to be considered.

****** *You must obscure identifying labels of other parties and refer to chapter 2, "Confidentiality" of [The NASW Procedures for Professional Review](#), published June 2001, and posted on www.socialworkers.org.*

Please complete every question fully.

(g) Is any person named in Question 4, including yourself, 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 thereof or proposal thereof.)

If yes, please give full particulars in order for your application to be considered.

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 or claim containing any false, incomplete or misleading information shall upon conviction be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000."

I understand that it is my obligation to maintain any license required in the jurisdiction(s) in which I practice.

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 or 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 and will be attached to and made part of the policy.

Application must be signed, dated, fully completed and accompanied by the premium to be considered for renewal.

Program Administrator:
AMERICAN PROFESSIONAL AGENCY, INC.
95 Broadway, Amityville, New York 11701
(631) 691-6400 • (800) 421-6694

*Underwritten by: American Home Assurance Company
Granite State Insurance Company*



Where Social Workers Come First
(800) 638-8799 ext.387
www.NASWInsuranceTrust.org

Sponsored by: the NASW Insurance Trust, a subsidiary of the National Association of Social Workers and organized as a purchasing group known as the NASW Purchasing Group. Active membership in the National Association of Social Workers, Inc. enrolls you as a member of the NASW Purchasing Group. **There will be a \$5.00 service charge to implement this membership.**

IMPORTANT INFORMATION FOR NASW MEMBERS

NASW Assurance Services recently voted to implement a \$5 Purchasing Group membership fee applicable to all Professional Liability Insurance (PLI) member policyholders. The purpose of the fee is to continue providing benefits through the NASW Purchasing Group. Therefore, please add an additional \$5.00 when computing your premium.

Please make check payable to:

American Professional Agency, Inc.

Mail to:

**American Professional Agency, Inc.
95 Broadway
Amityville, New York 11701**



Where Social Workers
Come First

National Association of Social Workers Insurance Trust

750 First Street, NE • Suite 700 • Washington, DC 20002-4241 • (202) 336-8387 • (800) 355-3869 • Fax: (202) 336-8318 • www.NASWInsuranceTrust.org

Dear Member:

The Board of Trustees at the NASW Insurance Trust voted to implement a \$5 Purchasing Group membership fee applicable to all Professional Liability Insurance (PLI) member policyholders. The purpose of the fee is to continue providing benefits through the NASW Purchasing Group.

The NASW Purchasing Group, under the auspices of the Insurance Trust, allows you and other individual policyholders the advantages of acting as a group to achieve cost savings and efficiencies associated with

- insurance administration, i.e., filing forms and rates with all state regulatory agencies;
- claims management and risk management; and
- good loss experience (translating into lower premium costs).

The Insurance Trust has offered PLI to member social workers for more nearly 40 years. PLI premiums have not increased in more than 10 years, while insurance benefits have been expanding at no additional premium cost. Business expenses, however, have increased, necessitating the nominal NASW Purchasing Group fee.

We hope you will agree that the \$5 fee is a small investment in the great value you receive with broad, affordable professional liability insurance coverage. We appreciate your understanding and thank you for your participation in the NASW Insurance Trust Professional Liability Insurance program.

Sincerely,

Richard L. Jones, PhD
Chair, NASW Insurance Trust