

Social Workers
Professional and Office
Liability
Insurance



Sponsored by: NASW Assurance Services
through the NASW Purchasing Group, Inc.

for Members of
the National Association of Social Workers



Program Administrator:
AMERICAN PROFESSIONAL AGENCY, INC.

95 Broadway, Amityville, New York 11701
(631) 691-6400 • (800) 421-6694 (x2308)
www.americanprofessional.com

FOR NEW YORK APPLICANTS

IMPORTANT

This brochure is intended to provide a general overview of the plan. It is for illustrative purposes only and is not a contract or intended to modify the policy provisions in any respect. A specimen policy is available upon request.

Introduction

Since 1969, the American Professional Agency, Inc, has worked to meet the professional liability insurance needs of members of the National Association of Social Workers (NASW) with caring professional service. Social Work 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 the performance of your professional services as a social worker, regardless of your training and experience.

Lawsuits are very 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 excessively high.

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

This program affords you that insurance protection.

Please take the time to read the description of the NASW Assurance Services sponsored Social Workers Professional Liability Insurance program, administered by the American Professional Agency, Inc. (APA). APA representatives are thoroughly trained and prepared to assist you in answering any and all questions, help you fill out your application and provide you with a premium quotation.

If you have any questions or comments, please call the American Professional Agency, Inc. and ask for the Social Work Department at 1-800-421-6694 or 631-691-6400.

Program-at-a-Glance

Policy Form:	Claims-Made (Plain Language Form)
Basic Coverage:	Claims-Made Provides protection against professional liability claims which might be brought against you, Occurring & Reported during the Policy Period.
Prior Acts Coverage:	Available to qualified Applicant(s) (qualification listed on pg 3)
Maximum Limit of Liability per Claim:	\$2,000,000
Maximum Limit of Liability Annual Aggregate:	\$4,000,000
Defense Reimbursement:	This coverage provides up to \$5,000 automatically—and up to \$50,000 at an additional premium—in reimbursement for legal fees associated with the licensing board or governmental investigations against you, or for civil proceedings in which you are not a defendant but are ordered to offer deposition testimony regarding treatment rendered to a patient or client, or those in which you receive a subpoena for record production.
Territory:	Worldwide as long as suit is brought in the U.S. or Canada.
Defense Cost:	In addition to the Limits of Liability
Defense Counsel:	Company provides specialized malpractice counsel.
Extended Claims Reporting Coverage ("Tail")	Additional extension is available for an additional premium, no matter who terminates coverage. This coverage is free if you fully retire, become permanently disabled or die.

Special Features

- Automatic coverage of additional employees hired during the policy term. Note that the policy defines "Who is an Insured" to mean the individual, partnership, corporation or other entity named in the Declarations (face page) of the policy, and also any partner, director, trustee, officer or employee thereof while acting within the scope of his/her duties as such.
- \$250 per diem up to \$5,000 for income loss due to your attendance at court and/or depositions.
- Premises Liability at no additional charge to protect you from third parties who are injured (tripping or falling, etc.) while at your professional office.
- Provides coverage for contractual liability which is assumed by you under contracts with third parties (such as HMOs), for whom you provide professional services.
- A part-time discount of 35% will be provided when your activities as a Professional (including W2 form employment) do not exceed 20 hours a week.
- Separate limits of liability (per claim and annual aggregate) for each named insured on group policies (very important for managed care providers).

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.

Please note: The policies are issued through the NASW Purchasing Group, Inc. utilizing the American Home Assurance/Granite State Insurance/New Hampshire Insurance Companies (AIG) in conjunction with the American Professional Agency, Inc.

THIS POLICY IS A CLAIMS-MADE POLICY, PLEASE READ CAREFULLY!

Claims-Made Coverage

The NASW Assurance Services program protects you for any covered act 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.

Prior Acts Option

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

In order to be considered for prior acts coverage there can be **NO** gap in coverage. You would need to have an active claims-made policy and provide us with a copy of your current Declarations page which indicates the retroactive date so we can determine if you are eligible for the retroactive date you have requested.

When switching from one claims-made policy to another it is important that you purchase prior acts on your new policy or purchase an extended reporting period (tail) coverage from your prior carrier. If you do not purchase the tail on the claims-made policy you currently hold 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 claims-made policy but reported after that policy's termination date.

Extended Claims Reporting Period Option (“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 coverage (other than for non-payment of premium), we will offer you in accordance with the terms of your policy, the right to purchase an unlimited extended reporting period endorsement within 90 days from the date of cancellation or nonrenewal for an additional premium charge of 100% of your expiring annual premium.

In the case of:

Death, Disability or Retirement

We will provide the extended claims reporting period at **no additional cost** if you fully retire, or become permanently disabled, or if you die.

Premium Rates

Premiums are based on type of practice, limits and length of coverage requested.

This policy is a claims-made policy. Under most claims-made policies the premiums are projected to increase over a five to six year period, then the policy is said to “mature” and premiums usually stabilize and level off.

Limits of Liability

APA offers members of the NASW Assurance Services a wide range of limits you can select to fit your professional liability exposure.

Limit per Claim	/	Annual Aggregate Limit
\$ 1,000,000	/	\$ 1,000,000
	up to	
\$ 2,000,000	/	\$ 4,000,000

The limit per claim is the maximum payment for all damages arising from each wrongful act or series of continuous, repeated or interrelated wrongful acts or occurrence.

The limits you choose should correspond to the size and scope of your practice and to your potential liabilities.

As the nature of your practice changes, you should re-evaluate your limits. Claims-made coverage allows you to increase your limits to reflect higher legal settlements. The limit you select at the beginning of each policy year applies to any covered past claim reported during that year.

Eligibility

- Applicant must be a member of the National Association of Social Workers. Your NASW membership number is required on this application. The number appears on your membership card and NASW publications.
- Applicant must have a Social Work degree from an accredited U.S. college or university.
- An applicant whose highest degree is a BSW and who is in direct clinical/therapeutic social work is eligible for coverage as long as he/she has supervision by a professional with at least a Master’s degree in the mental health field. An applicant whose highest degree is a BSW and who is **not** in direct clinical/therapeutic social work is eligible for coverage without the named supervision requirement. Please note, however, an endorsement will be attached to and made part of the policy excluding coverage for all claims arising out of any unsupervised or direct clinical social work with clients.
- 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.
- This coverage is not available for those who reside in Puerto Rico.

Effective Date

All policies become effective on the first 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 back-dated. Please make this request when the application is submitted.

Managing General Agent

The Managing General Agent and Program Administrator is the American Professional Agency, Inc.

The American Professional Agency, Inc. (APA) began operation in 1940 in New York City and after acquiring a leading insurance agency on Long Island in 1972, moved its corporate headquarters to its present location at 95 Broadway, Amityville.

APA is the largest administrator in the country of mental health professional liability.

APA focuses strictly on professional liability insurance with an emphasis on insurance for health professionals. It is the nationally recognized specialist in mental health professional liability insurance.

APA enjoys strong insurance company relationships with the major writers of professional liability in the U.S. and produces programs on behalf of the American International Group (AIG).

APA ranks in the top 100 insurance brokers in the country servicing over 100,000 policyholders.

Our reputation and long term commitment to professional liability insurance allows us to provide uninterrupted coverage throughout any insurance crisis and the knowledge that our insureds' claims will be handled by financially secure insurers.

APA provides highly qualified professional insurance personnel to each of our clients, who in turn are fully supported by the Executive Group and our Technical Services Operations. In total, APA maintains a staff of over fifty (50) employees.

Insurance Company

Providing a top quality insurance policy is only part of our commitment. We place our Social Worker insureds' coverage with insurance companies with an "Excellent" rating or better by A.M. Best Co., the leading insurance industry rating agency. Since coverage is provided on a claims-made policy form, we can move your coverage to a new insurer, if appropriate, while providing full "prior acts" coverage. This is to ensure that there would be no gap in coverage and no tail would need to be purchased due to switching insurers.

EXPLANATION OF PREMIUM CHARGES

INDIVIDUAL OR PARTNERSHIP POLICY

- (1) **Individual Insured:** If you are applying for individual coverage, this is the premium charge for you if you do not qualify for the part-time, exclusively employed or new graduate discounted rates. Your name and credentials must be listed under Question 4 of the application.
Partners – If you are a legal and binding partnership including a **Limited Liability Partnership (LLP)**, this is the premium charge for each partner or member. Your name and credentials must be listed under Question 4 of the application.
- (2) **Part-Time Insured** : If you are engaged in the practice of social work for 20 hours or less a week (including W2 employment and/or volunteering) and are not in a partnership, are not a member of a LLC and do not own a corporation, this is the premium charge for you. Your name and credentials must be listed under Question 4 of the application. An endorsement will be placed on your policy limiting your coverage based on the qualification listed above.
Exclusively Employed : If you are working as a **W2 form employee only**, this is the premium charge for you. You would not qualify if you own the corporation where you are working or if you are a member of a LLC. Your name and credentials must be listed under Question 4 of the application and Question 5D must be checked acknowledging that an endorsement will be placed on your policy limiting your coverage based on the qualification listed above.
- (2a) **New Graduate Who Is A First Time Practitioner:** If you meet the following qualifications this is the premium charge for you: 1- You have graduated in the last year with either a BSW or MSW from an approved Social Work program. And 2- You are entering the profession of Social Work (paid or volunteer) for the first time and will have direct supervision of a qualified professional. This rate will apply to your first two years following graduation. In your third post-graduate year Rate C will apply. Your name and credentials must be listed under Question 4 of the application.
- (3) **Professional Employee:** Each of your employees (W2 form) with a Master's or higher in the mental health field would be charged this premium. Their names and credentials must be listed under Question 4 of the application.
- (4) **Paraprofessional Employee:** Each of your employees (W2 form) who do not qualify under the professional employee category other than clerical would be charged this premium. Their names and credentials must be listed under Question 4 of the application.
- (5) **Independent Contractor or Consultant:** This is an exposure charge made for each 1099-form contractor or consultant you pay whose services are in the mental health field. The Independent Contractor or Consultant is NOT COVERED. Their names and credentials must be listed under Question 9 of the application.

LIMITED LIABILITY COMPANY (LLC),

PROFESSIONAL CORPORATION (PC/PA) AND CORPORATIONS

- (6) **Corporation:** This is the entity charge assessed when applying for Corporate coverage.
Professional Corporation or Professional Association: An entity charge is made if there is more than one owner (other than husband and wife), there are employees (professional and/or paraprofessional) or if the services of more than 3 independent contractors or consultants are used.
The entity charge is waived for a PC or PA with only one owner that has no employees or who use the services of 3 or less independent contractors.
Limited Liability Company: An entity charge is made if there is more than one member (other than husband and wife), there are employees (professional and/or paraprofessional) or if the services of more than 3 independent contractors or consultants are used.
The entity charge is waived for a LLC with only one member that has no employees or who use the services of 3 or less independent contractors.
- (7) **Owner, Member or Professional:** This is the charge made for any owner, member or professional employee. An employee (W2 form) with a Master's or higher in the mental health field would be charged this premium. Their names and credentials must be listed under Question 4 of the application.
- (8) **Paraprofessional Employee:** An employee (W2 form) who does not qualify under the professional employee category other than clerical would be charged this premium. Their names and credentials must be listed under Question 4 of the application.
- (9) **Independent Contractor or Consultant:** This is an exposure charge made for each 1099-form contractor or consultant you pay whose services are in the mental health field. The Independent Contractor or Consultant is NOT COVERED. Their names and credentials must be listed under Question 9 of the application.

THE \$5.00 NASW PURCHASING GROUP FEE MUST BE ADDED TO THE TOTAL PREMIUM YOU SUBMIT.

Note: It is your obligation to notify us of any changes that occur during the policy period that may impact your coverage.

ANNUAL PREMIUM RATE SCHEDULE

NOTE: There is a surcharge for those who reside in Kentucky, West Virginia, Oregon or New Jersey. Please contact the American Professional Agency, Inc. for the additional charge at 800-421-6694 or visit our website at www.americanprofessional.com. There are additional forms to complete if you reside in Arkansas, Kansas, or Minnesota. Please contact the American Professional Agency, Inc. for these forms at 800-421-6694 or visit our website at www.americanprofessional.com.

PLEASE USE THIS SCHEDULE WHEN COMPUTING YOUR PREMIUM

A. First Year Rate - NO PRIOR ACTS
(Coverage begins on the effective date of the policy)

Limits of Liability	INDIVIDUAL - PARTNERSHIP						CORPORATION - LLC - P.C. - P.A.				
	(1) Individual or Partner BSW MSW	Insured (2)		Your Employees (3)		(5) Your Independent Contractors or Consultants (1099 form)	(6) Corporation LLC, P.A. or P.C.	Employees (8)		(9) Independent Contractors or Consultants (1099 form)	
		Part-time or Exclusively Employed	New Graduate Who is a First Time Practitioner (2a)	Professional (W2 form)	Para-professional (W2 form)			Owner, Member or Professional (W2 form)	Para-professional (W2 form)		
\$1,000,000/1,000,000	\$59.00	\$38.00	\$36.00	\$59.00	\$40.00	\$22.00	\$77.00	\$59.00	\$40.00	\$22.00	
\$1,000,000/3,000,000	\$67.00	\$44.00	\$40.00	\$67.00	\$45.00	\$25.00	\$87.00	\$67.00	\$45.00	\$25.00	
\$1,000,000/4,000,000	\$69.00	\$45.00	\$42.00	\$69.00	\$46.00	\$26.00	\$90.00	\$69.00	\$46.00	\$26.00	
\$1,000,000/5,000,000	\$71.00	\$46.00	\$43.00	\$71.00	\$48.00	\$26.00	\$93.00	\$71.00	\$48.00	\$26.00	
\$2,000,000/2,000,000	\$69.00	\$45.00	\$41.00	\$69.00	\$46.00	\$26.00	\$90.00	\$69.00	\$46.00	\$26.00	
\$2,000,000/4,000,000	\$71.00	\$46.00	\$43.00	\$71.00	\$48.00	\$26.00	\$93.00	\$71.00	\$48.00	\$26.00	

B. Second Year Rate - ONE YEAR PRIOR ACTS
(You will be covered for any act, error or omission that occurred up to one year prior to the effective date of the policy and otherwise covered by the policy.)

Limits of Liability	INDIVIDUAL - PARTNERSHIP						CORPORATION - LLC - P.C. - P.A.				
	(1) Individual or Partner BSW MSW	Insured (2)		Your Employees (3)		(5) Your Independent Contractors or Consultants (1099 form)	(6) Corporation LLC, P.A. or P.C.	Employees (8)		(9) Independent Contractors or Consultants (1099 form)	
		Part-time or Exclusively Employed	New Graduate Who is a First Time Practitioner (2a)	Professional (W2 form)	Para-professional (W2 form)			Owner, Member or Professional (W2 form)	Para-professional (W2 form)		
\$1,000,000/1,000,000	\$102.00	\$67.00	\$62.00	\$102.00	\$70.00	\$22.00	\$133.00	\$102.00	\$70.00	\$22.00	
\$1,000,000/3,000,000	\$116.00	\$76.00	\$71.00	\$116.00	\$79.00	\$25.00	\$151.00	\$116.00	\$79.00	\$25.00	
\$1,000,000/4,000,000	\$120.00	\$78.00	\$73.00	\$120.00	\$82.00	\$26.00	\$156.00	\$120.00	\$82.00	\$26.00	
\$1,000,000/5,000,000	\$124.00	\$80.00	\$75.00	\$124.00	\$84.00	\$26.00	\$161.00	\$124.00	\$84.00	\$26.00	
\$2,000,000/2,000,000	\$119.00	\$78.00	\$72.00	\$119.00	\$81.00	\$26.00	\$155.00	\$119.00	\$81.00	\$26.00	
\$2,000,000/4,000,000	\$123.00	\$80.00	\$75.00	\$123.00	\$84.00	\$26.00	\$160.00	\$123.00	\$84.00	\$26.00	

C. Third Year Rate - TWO YEARS PRIOR ACTS
(You will be covered for any act, error or omission that occurred up to two years prior to the effective date of the policy and otherwise covered by the policy.)

Limits of Liability	INDIVIDUAL - PARTNERSHIP						CORPORATION - LLC - P.C. - P.A.				
	(1) Individual or Partner BSW MSW	Insured (2)		Your Employees (3)		(5) Your Independent Contractors or Consultants (1099 form)	(6) Corporation LLC, P.A. or P.C.	Employees (8)		(9) Independent Contractors or Consultants (1099 form)	
		Part-time or Exclusively Employed	New Graduate Who is a First Time Practitioner (2a)	Professional (W2 form)	Para-professional (W2 form)			Owner, Member or Professional (W2 form)	Para-professional (W2 form)		
\$1,000,000/1,000,000	\$133.00	\$87.00	\$133.00	\$90.00	\$22.00	\$173.00	\$133.00	\$90.00	\$22.00		
\$1,000,000/3,000,000	\$151.00	\$99.00	\$151.00	\$102.00	\$25.00	\$197.00	\$151.00	\$102.00	\$25.00		
\$1,000,000/4,000,000	\$156.00	\$102.00	\$156.00	\$106.00	\$26.00	\$203.00	\$156.00	\$106.00	\$26.00		
\$1,000,000/5,000,000	\$161.00	\$105.00	\$161.00	\$109.00	\$26.00	\$209.00	\$161.00	\$109.00	\$26.00		
\$2,000,000/2,000,000	\$155.00	\$102.00	\$155.00	\$105.00	\$26.00	\$202.00	\$155.00	\$105.00	\$26.00		
\$2,000,000/4,000,000	\$160.00	\$105.00	\$160.00	\$109.00	\$26.00	\$208.00	\$160.00	\$109.00	\$26.00		

D. Fourth Year Rate - THREE YEARS PRIOR ACTS
(You will be covered for any act, error or omission that occurred up to three years prior to the effective date of the policy and otherwise covered by the policy.)

Limits of Liability	INDIVIDUAL - PARTNERSHIP						CORPORATION - LLC - P.C. - P.A.				
	(1) Individual or Partner BSW MSW	Insured (2)		Your Employees (3)		(5) Your Independent Contractors or Consultants (1099 form)	(6) Corporation LLC, P.A. or P.C.	Employees (8)		(9) Independent Contractors or Consultants (1099 form)	
		Part-time or Exclusively Employed	New Graduate Who is a First Time Practitioner (2a)	Professional (W2 form)	Para-professional (W2 form)			Owner, Member or Professional (W2 form)	Para-professional (W2 form)		
\$1,000,000/1,000,000	\$152.00	\$99.00	\$152.00	\$102.00	\$22.00	\$198.00	\$152.00	\$102.00	\$22.00		
\$1,000,000/3,000,000	\$173.00	\$113.00	\$173.00	\$116.00	\$25.00	\$225.00	\$173.00	\$116.00	\$25.00		
\$1,000,000/4,000,000	\$179.00	\$116.00	\$179.00	\$120.00	\$26.00	\$232.00	\$179.00	\$120.00	\$26.00		
\$1,000,000/5,000,000	\$184.00	\$120.00	\$184.00	\$123.00	\$26.00	\$239.00	\$184.00	\$123.00	\$26.00		
\$2,000,000/2,000,000	\$177.00	\$115.00	\$177.00	\$119.00	\$26.00	\$231.00	\$177.00	\$119.00	\$26.00		
\$2,000,000/4,000,000	\$184.00	\$119.00	\$184.00	\$123.00	\$26.00	\$239.00	\$184.00	\$123.00	\$26.00		

E. Fifth Year Rate - FOUR YEARS PRIOR ACTS
 (You will be covered for any act, error or omission that occurred up to four years prior to the effective date of the policy and otherwise covered by the policy.)

Limits of Liability	INDIVIDUAL - PARTNERSHIP					CORPORATION - LLC - P.C. - P.A.			
	(1) Individual or Partner BSW MSW	Insured (2) Part-time or Exclusively Employed	Your Employees (3) (4)		(5) Your Independent Contractors or Consultants (1099 form)	(6) Corporation LLC, P.A. or P.C.	Employees (7) (8)		(9) Independent Contractors or Consultants (1099 form)
\$1,000,000/1,000,000	\$170.00	\$111.00	\$170.00	\$114.00	\$22.00	\$221.00	\$170.00	\$114.00	\$22.00
\$1,000,000/3,000,000	\$193.00	\$126.00	\$193.00	\$129.00	\$25.00	\$250.00	\$193.00	\$129.00	\$25.00
\$1,000,000/4,000,000	\$200.00	\$130.00	\$200.00	\$134.00	\$26.00	\$259.00	\$200.00	\$134.00	\$26.00
\$1,000,000/5,000,000	\$206.00	\$134.00	\$206.00	\$138.00	\$26.00	\$266.00	\$206.00	\$138.00	\$26.00
\$2,000,000/2,000,000	\$198.00	\$129.00	\$198.00	\$133.00	\$26.00	\$257.00	\$198.00	\$133.00	\$26.00
\$2,000,000/4,000,000	\$205.00	\$134.00	\$205.00	\$137.00	\$26.00	\$266.00	\$205.00	\$137.00	\$26.00

F Sixth Year Rate -
 (Depending on your retroactive date, you will be covered for any act, error or omission that occurred after the retroactive date of the policy and otherwise covered by the policy.)

Limits of Liability	INDIVIDUAL - PARTNERSHIP					CORPORATION - LLC - P.C. - P.A.			
	(1) Individual or Partner BSW MSW	Insured (2) Part-time or Exclusively Employed	Your Employees (3) (4)		(5) Your Independent Contractors or Consultants (1099 form)	(6) Corporation LLC, P.A. or P.C.	Employees (7) (8)		(9) Independent Contractors or Consultants (1099 form)
\$1,000,000/1,000,000	\$186.00	\$121.00	\$186.00	\$126.00	\$22.00	\$243.00	\$186.00	\$126.00	\$22.00
\$1,000,000/3,000,000	\$212.00	\$138.00	\$212.00	\$143.00	\$25.00	\$276.00	\$212.00	\$143.00	\$25.00
\$1,000,000/4,000,000	\$219.00	\$142.00	\$219.00	\$147.00	\$26.00	\$285.00	\$219.00	\$147.00	\$26.00
\$1,000,000/5,000,000	\$225.00	\$147.00	\$225.00	\$152.00	\$26.00	\$293.00	\$225.00	\$152.00	\$26.00
\$2,000,000/2,000,000	\$217.00	\$141.00	\$217.00	\$146.00	\$26.00	\$283.00	\$217.00	\$146.00	\$26.00
\$2,000,000/4,000,000	\$225.00	\$146.00	\$225.00	\$151.00	\$26.00	\$292.00	\$225.00	\$151.00	\$26.00

PREMIUM TO INCREASE LIMITS OF LIABILITY FOR DEFENSE COSTS FOR LICENSING BOARD HEARINGS:

(Limit of \$5,000 included at no extra charge.) Please complete the Addendum to Application if you are interested in higher limits for Defense Cost for Licensing Board Hearings.

ADDITIONAL INSURED:

An additional insured may be added to your policy for an additional premium of 20% of your annual premium. Please complete the request for an additional insured section of the Addendum to Application and return it with your completed application and premium.

COMPLETING THE APPLICATION:

Please detach the application from the back of the brochure. Make sure you answer every question completely. Unanswered questions will cause us to return the application and delay your coverage. Determine your premium from the rate schedule and return the completed application and premium payment.

Please make check payable and mail to:

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

IMPORTANT INFORMATION FOR NASW MEMBERS

The Board of Directors at the 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 this fee is to continue providing benefits through the NASW Purchasing Group. Therefore, please add an additional \$5.00 when computing your premium.

Addendum to Application

SWLWSAP

PLEASE COMPLETE THE ADDENDUM TO APPLICATION ONLY IF YOU ARE REQUESTING THE ADDITIONAL COVERAGE OFFERED.

PART-TIME DISCOUNT WORKSHEET

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED WITH YOUR APPLICATION ONLY IF YOU ARE APPLYING FOR THE PART-TIME RATE. FAILURE TO ANSWER ALL QUESTIONS WILL RESULT IN YOUR APPLICATION BEING RETURNED.

Name of Applicant: _____

1. Practice as a sole practitioner seeing patients. This would include private practice, paid consultation (working as an independent contractor), supervision and volunteer work. _____
2. Practice as a W2 form employee. _____
3. Supervision of students seeing patients. Time spent teaching does not need to be included, however, if you have indicated on your application that you are working at a College/ University, 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? ____ Yes ____ No
If yes, you do not qualify for the part-time rate TOTAL WEEKLY HOURS: _____

PLEASE COMPLETE THE ADDENDUM TO APPLICATION ONLY IF YOU ARE REQUESTING THE ADDITIONAL COVERAGE OFFERED.

Name of Applicant: _____

REQUEST FOR ADDITIONAL LIMITS FOR DEFENSE REIMBURSEMENT FOR LICENSING BOARD HEARINGS

- I am interested in obtaining limits of: \$25,000 \$50,000 for defense reimbursement for licensing board hearings.

Limit of Defense Cost Coverage for Licensing Board Hearings	Premium Charge
\$25,000	\$50.00
\$50,000	\$75.00

I am not aware of any act, error or omission, which might reasonably be expected to give rise to a complaint to a licensing board or governmental regulatory body.

Signature

Date

REQUEST FOR ADDITIONAL INSURED

(See Rate Schedule for additional charge.)

1. Name and Address of proposed Additional Insured: _____

2. Name 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 the 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

Date

NASW Assurance Services Sponsored Social Workers Professional Liability
 Insurance offered through the NASW Purchasing Group, Inc.

Application

for Social Workers Professional Liability Insurance

PLEASE COMPLETE EVERY QUESTION FULLY

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

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

NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED GENERALLY TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FORCE. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

FOR OFFICE USE ONLY
PREMIUM:
RATED BY:
EFFECTIVE DATE:
RETRO DATE:
REFUND AMOUNT DUE:

1. (a) Name of Applicant: _____

(b) Coverage desired (check one):

- Individual Partnership Professional Corporation (Incorporated as a P.C. or P.A.) LLC
- General Business Corporation _____ Profit _____ Nonprofit Other (Please explain) _____
- (If you are unsure of your corporate status, please check your articles of incorporation.)

(c) **If you have checked anything other than individual the following MUST BE INCLUDED: a letter describing all services provided, include any brochures if available, and a listing of owners and/or partners, indicating the percentage owned by each.**

2. Mailing Address: _____ Bus. Phone # - () _____

(city) (county) (state) (zip code)

E-mail Address: _____

3. (a) Limits of Liability desired (check one): (Limits of Liability apply to: each wrongful act or series of continuous, repeated or interrelated wrongful acts or occurrence / aggregate.)

- \$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

(b) Prior Acts coverage Yes No Retroactive Date Desired _____

(See information regarding eligibility for prior acts under "Coverage and Eligibility".)

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 all partners as well. Please include the premium charge indicated on the rate schedule for yourself and each employee and/or partner.

Name	NASW Membership Number	Academic Degree(s)	Field of Study	Date Degree Received mm/yy	College or University Degree Received From	Please check the appropriate box(es)		
						Academy of Certified Social Workers	Member of NASW	Full title or your license or certification and the field or practice and state in which you hold it.

Please complete the application on the next page.

5. Please list the number of people on your entire employed staff (except clerical) including yourself. _____
Note: Your staff is defined as your direct employees (for whom you file a W2 form) and their names and credentials must be included with yours under Question 4 to correspond with the number listed here.
6. (a) Are you engaged in self-employment, paid consultation, private practice or volunteer work? Yes No
- (b) If you answered yes to question 6 (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, self-employment, consulting, volunteering or social work outside the course of employment.
- (e) If your highest degree is a BSW, or if you are a New Graduate and First Time Practitioner, the following information must be included with your application and payment for review of acceptability:
1. Name and address of your employer: _____
 2. Tax form issued - 1099 or W2: _____
 3. The name of your supervisor: _____
 4. Supervisor's degree, field of study, license and / or certification: _____
7. Are you or any person named in Question 4 a salaried employee of any organization other than the applicant's firm or do you own, partly own, manage or exercise any form of fiduciary control over any business enterprise? Yes No
 If yes, please explain: _____
8. Has any person named in Question 4 ever had professional liability coverage? Yes No
 If yes, please list:
 Name of Carrier: _____ Limits of Liability: _____
 Premium: _____ Expiration Date: _____ Retro Date: _____
 Policy Type: Claims-Made Occurrence
 If you checked off claims-made, please check the appropriate box below:
 I have purchased the extended reporting period endorsement on my prior policy.
 Name of carrier: _____
 I have elected to take Prior Acts Coverage and completed Question 3b of this application.
 I realize that unless I purchase Prior Acts Coverage which coincides with the retroactive date of my previous claims-made policy and have no extended reporting period endorsement that I will have a gap in coverage.
 I understand that I elected not to purchase the Extended Reporting Period Endorsement on my previous claims-made policy, and I also have elected not to purchase Prior Acts Coverage on my new claims-made policy. I understand that I will be uninsured for the period in which my prior claims-made policies existed. Furthermore, I understand that because of this there will be a gap in my insurance coverage.
9. (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 names and professional credentials of each one.

The Independent Contractor (1099 form) charge shown on the rate schedule must be included for each Contractor or Consultant listed and added to your premium. **YOU WILL BE COVERED FOR THEIR ACTS, SUBJECT TO THE TERMS OF THE POLICY, 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.

REPRESENTATION SECTION

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

10. *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 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.

Three horizontal lines for providing particulars for question (a).

(b) Has any person named in Question 4, including yourself, ever been required by any licensing board or professional ethics body to surrender your license or found you guilty of a 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.

Three horizontal lines for providing particulars for question (b).

(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 (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.

Three horizontal lines for providing particulars for question (c).

(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.

Three horizontal lines for providing particulars for question (d).

(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.

Three horizontal lines for providing particulars for question (e).

**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.

SWLWSAP

Application

(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.

(g) Is any person named in Question 4, including yourself, engaged in or ever been engaged in any sexual misconduct with any 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 DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION BY APPLICANT CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

SIGNING OF 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, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

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 \$5,000.00 and the stated value of the claim for each such violation."

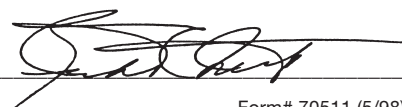
NOTICE:
TO NEW YORK APPLICANTS:
THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK STATE INSURANCE DEPARTMENT. HOWEVER, SUCH FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE DEPARTMENT.

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: _____

Application must be signed, dated, fully completed and accompanied by the premium to be considered. **Please make checks payable and return with the application to: American Professional Agency, Inc., 95 Broadway, Amityville, NY 11701**

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



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