

APPLICATION FOR SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY INSURANCE COVERAGE ADDENDUM TO THE APPLICATION

REPRESENTATION SECTION

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

1. After inquiry* of each individual listed in Question 5:

***NOTE: "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 5, , ever been convicted of a crime in any state or country? Yes No

If yes, please give full particulars in order for your Application to be considered: _____

- B. Has any person named in Question 5, ever had any licensing board or professional ethics body require the surrender of a license or found any such person guilty of a 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 provide 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 5 by a 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: _____

NOTE: MISSOURI APPLICANTS DO NOT RESPOND TO QUESTION D

- D. 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

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 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(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, including any loss of private or confidential information, of which the Applicant named in Question 1, its officers or directors or any person named in Question 5, is aware of that may result in any professional liability claim or suit being made against any person named in Question 5, 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 5, 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 current 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, threat or proposal thereof.)

If yes, please give full particulars in order for your Application to be considered: _____

- H. Has any person named in Question 5, ever had any hospital restrict or revoke privileges or invoke probation for any cause? Yes No

If yes, please give full particulars in order for your Application to be considered: _____

- I. Has the Applicant named in Question 1 or any person named in Question 5, ever been suspended, restricted, or put on probation by any governmental health programs (e.g. Medicare or Medicaid)? Yes No

If yes, please give full particulars in order for your Application to be considered: _____

- J. Is any person named in Question 5 currently being, or ever been, treated for a serious health problem that did or can impair the ability to treat patients? Yes No

If yes, please give full particulars in order for your Application to be considered: _____

Date: _____

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