



Allied World Insurance Company ("Insurer")

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

Return and make checks payable to: American Professional Agency, Inc. 95 Broadway, Amityville, NY 11701 (631) 691-6400 • (800) 421-6694

GENERAL LIABILITY SUPPLEMENTAL APPLICATION FOR SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY INSURANCE COVERAGE

Offered through the Professional Counselors Purchasing Group, Inc.

This application will only be considered valid if submitted with a completed and signed general Application.

APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

REQUESTED COVERAGE

General Liability:  Occurrence  Claims-Made

Effective Date: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

GENERAL LIABILITY EXPOSURE

Please complete the following table for each building or facility. Please attach a separate sheet if necessary.

Table with 7 columns: Location, Area, Age, Construction Type, # of Floors, Type of Fire Protection (City, State), Owned or Leased?. Rows include Patient Care Buildings and Other Buildings.

INSURANCE INFORMATION

Please provide the following information for General Liability Insurance for the current policy year and previous four years.

Table with 7 columns: Policy Period, Carrier, Limits, Deductible or SIR, Claims Made or Occurrence, Retro Date, Premium.

**APPLICANT SIGNATURE**

*I hereby acknowledge that the above information is complete and accurate to the best of my knowledge and belief.*

Print Name of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*This Application must be completed, dated and signed by the CEO, CFO, Administrator, Executive Director or Risk Manager of the Applicant, who is authorized to sign on behalf of all proposed Insureds.*