



Allied Healthcare Professional and General Liability Product

This is an application for a claims made (professional) and occurrence (general liability) policy. Please read your policy carefully. Defense costs shall be applied against the deductible.

SECTION I. PROFESSIONAL LIABILITY UNDERWRITING INFORMATION

Name of applicant: _____ DBA: _____
Location address: _____ ☐ Same as mailing address
City: _____ State: _____ Zip: _____
Web address: _____ E-mail address of primary contact: _____
Number of locations _____ Percent of services rendered outside the U.S., if any _____ % Annual revenue _____

Type of professional (i.e. massage therapist, mental health counselor, physical therapist.. etc.)	Employees/Owners/ Partners/Self Employed		Independent Contractors (even if coverage is not desired for them)	
	Full Time	Part Time	Full Time	Part Time
1.				
2.				
3.				
4.				
5.				

Independent contractor means an individual who performs professional services for others and receives an IRS Form 1099 for compensation paid.

Part Time means less than 1,000 hours worked per year.

1. Provide a detailed description of the nature of applicant's operation and services provided:

2. Is the applicant seeking coverage for independent contractors? ☐ Yes ☐ No

a) Does the applicant verify that all independent contractors working on their behalf maintain professional liability? ☐ Yes ☐ No

3. Has any professional(s) seeking coverage been providing their services less than three years? ☐ Yes ☐ No

If "Yes," detail experience and qualifications _____

4. Do all professionals listed above, for whom coverage is sought, have a current, unrestricted professional license or its equivalent as required under federal or state law and/or the rules and regulations of the profession. ☐ Yes ☐ No ☐ Not applicable

5. List professional license(s) and degree(s) or equivalents held by each professional listed above:

6. Is applicant controlled, owned, affiliated or associated with any firm, corporation or company not identified in this application? ☐ Yes ☐ No

If "Yes," please provide details _____

7. Does the applicant have any subsidiaries for which coverage is sought? ☐ Yes ☐ No

If "Yes," please provide the name, percentage owned and professional classification of each subsidiary and include them in the list of professions above: _____

8. What percentage of services are provided to minors _____ %.

a. Are the Parents or Guardian present for these services? ☐ Yes ☐ No

9. Do any clients receive overnight or 24 hour care? (This would not include shift work involving service by more than one caregiver over that period of time) ☐ Yes ☐ No

10. Do any clients receive live-in care where the caregiver lives with the client? ☐ Yes ☐ No

11. What percent of the applicant's total operations involve 24 hour or overnight services through shift work (more than one caregiver over that period of time)? _____ %.

12. Do any professionals for whom coverage is sought provide, practice, perform, administer or assist in any of the following now or expect to in the next 12 months:
- a) Surgery or surgical procedures including pre-operative and post operative procedures? ☐ Yes ☐ No
 - b) Injections of any kind? ☐ Yes ☐ No
 - c) Diagnosing conditions, disorders or diseases in patients? ☐ Yes ☐ No
 - d) Services as a physician, surgeon, nurse, anesthetist, anesthesiologist, psychiatrist, chiropractor, acupuncturist, pharmacist or dentist? ☐ Yes ☐ No
 - e) Designing, testing, selling, distributing or manufacturing products of any kind including vitamins, minerals, herbal, medicinal or nutritional supplements? ☐ Yes ☐ No
 - f) More than twenty five percent of services involving the transportation of clients/patients? ☐ Yes ☐ No
 - g) Prescribing, monitoring or dispensing medication, equipment, or devices? ☐ Yes ☐ No
 - h) Provide professional services within any prison/correctional facility or for any probation or prison release program? ☐ Yes ☐ No
 - i) Hospice care? ☐ Yes ☐ No
 - j) Medical healthcare services (including but not limited to monitoring blood pressure, changing dressings, monitoring respiration rates)? ☐ Yes ☐ No
 - k) Provide more than ten percent of services within a nursing home(s), or hospital? ☐ Yes ☐ No
 - l) Does the applicant provide any bathing and/or hygiene services? ☐ Yes ☐ No
- If "Yes" to any of the above, describe service(s) provided and percentage of patients/clients receiving each service(s)
-

13. Are criminal background checks and license verifications conducted for all professionals? ☐ Yes ☐ No
14. Does the applicant obtain a written informed consent from parents/guardians of minors receiving services? ☐ In all cases ☐ Sometimes ☐ Never
15. List additional insured(s) required by contract to be included for professional liability coverage:

Name	Address	Relationship to Applicant

Attach a statement of details for all "Yes" answers to the following questions.

16. (a) Has the applicant or any professional listed above had a professional license or its equivalent denied, revoked, restricted, suspended; been fined or disciplined in any way or been the subject of any investigation by any authority for any reason, including but not limited to allegations of sexual abuse? ☐ Yes ☐ No
- (b) Are any such actions pending as of the date of this application? ☐ Yes ☐ No
17. Has the applicant initiated litigation against any patients or clients in the past five years? ☐ Yes ☐ No
(if "Yes," provide names, dates, status of litigation and demand amount)
18. In the past five years, has any claim been made or suit brought against the applicant, its predecessor(s) in business or any of its present or former owners, partners, officers, directors, employees or independent contractors? ☐ Yes ☐ No
19. Is the applicant or any person proposed for this insurance aware of any circumstance, allegation, contention or incident which may result in a claim being made against the applicant or any person proposed for this insurance? ☐ Yes ☐ No
20. Has any policy of professional liability insurance ever been cancelled or non-renewed by an insurance carrier? ☐ Yes ☐ No
(Not applicable in Missouri) If "Yes," provide details _____
21. (a) Does the applicant currently have professional liability insurance in force? ☐ Yes ☐ No
- (b) Does the applicant currently have general liability insurance in force? ☐ Yes ☐ No
- If "Yes," specify:

Name of Professional Carrier	Limit	Retroactive Date (if any)	Deductible	Annual Premium	Policy Period	Claims Made (C) or Occurrence (O)
Name of General Liability Carrier	Limit	Retroactive Date (if any)	Deductible	Annual Premium	Policy Period	Claims Made (C) or Occurrence (O)

- (c) Number of years continuous, uninterrupted insurance coverage? Professional liability: _____ General liability: _____
22. Does applicant agree to maintain commercial general liability insurance? ☐ Yes ☐ No ☐ Not applicable
- If "No," explain. _____

SECTION II. GENERAL LIABILITY UNDERWRITING INFORMATION (complete only if seeking this coverage)

1. Any general liability claims against applicant (paid, reserved or pending) in the past five years? ☐ Yes ☐ No
- If "Yes," please provide details. _____
2. Additional insured(s) to be included for general liability coverage:

Name	Address	Relationship to Applicant

3. Has any general liability policy been cancelled or non-renewed by an insurance carrier? ☐ Yes ☐ No (Not applicable in Missouri)
- If "Yes," provide details _____

4. Is the applicant the owner of the insured location? ☐ Yes ☐ No
If "Yes," list all tenants of the building and the area of the portion occupied (if there are apartments, please indicate number of units)

Tenant	Building area or number of apartment units

SECTION III: PROPERTY SECTION (Complete only if seeking this coverage)

1. Construction: ☐ Frame ☐ Joisted masonry ☐ Non-combustible ☐ Masonry non-combustible
☐ Modified fire-resistive ☐ Fire-resistive ☐ Other _____
2. Protection class: _____
3. Requested cause of loss: ☐ Basic ☐ Special
4. Requested valuation: ☐ Replacement cost ☐ Actual cash value
5. Deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000
6. Coinsurance: ☐ 80% ☐ 90% ☐ 100%
7. Business personal property limit \$ _____
8. Business income with extra expense limit \$ _____
9. What year was the building constructed? _____
10. What is the square footage of the entire structure? _____ sq. ft.
11. What is the square footage of the portion occupied by the applicant? _____ sq. ft.
12. Is the building fully protected by an operational sprinkler system covering 100% of the premises? ☐ Yes ☐ No
13. Age of roof _____ yrs.
14. Roof type: ☐ Flat ☐ Wood shake ☐ Shingle ☐ Metal ☐ Tile ☐ Slate ☐ Other _____
15. What Protection devices do you have on the premises? ☐ Burglar Alarm ☐ Fire Alarm ☐ Central station ☐ Local ☐ Yes ☐ No
16. Do you have Functional & Operating Smoke detectors? ☐ Yes ☐ No
17. List your loss information for the past three years:
Property Coverages ☐ None, or provide detail below:

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

18. Has your Insurance coverage been cancelled or non-renewed within the last three years? (not applicable in MO) ☐ Yes ☐ No
19. Have you gone bankrupt within the past three years? ☐ Yes ☐ No
20. For any building built prior to 1978, do any lack knob-and-tube or aluminum wiring on premises? ☐ Yes ☐ No
21. For any building built prior to 1978, is 100% of the wiring on functioning and operational circuit breakers ☐ Yes ☐ No

SECTION IV: AUTO LIABILITY COVERAGE FOR HIRED OR NON-OWNED AUTOS - (Complete only if seeking this coverage)

1. Does organization have a motor vehicle liability insurance policy in place? ☐ Yes ☐ No
2. Does organization own any motor vehicles or lease any motor vehicles on a long term basis (greater than 30 days)? ☐ Yes ☐ No
3. Does organization use hired or non-owned vehicles with passenger capacities exceeding 15 passengers? ☐ Yes ☐ No
4. Does organization use hired or non-owned vehicles for emergency medical transportation or emergency medical services? ☐ Yes ☐ No
5. Does organization transport non-ambulatory persons? ☐ Yes ☐ No
6. Does organization require evidence of insurance from employees, independent contractors and volunteers? ☐ Yes ☐ No
7. Does organization require a minimum of \$100,000 CSL or \$100,000/\$300,000/\$50,000 personal auto liability limits from employees, independent contractors and volunteers? ☐ Yes ☐ No
8. Number of drivers: _____
9. Average driving frequency per week by drivers: ☐ Once ☐ 2-3 times ☐ Daily

SECTION V: REQUIRED INFORMATION

- A. USLI application
- B. Supplemental application (for select classes)

FRAUD STATEMENTS

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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 of the third degree.

Florida Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Kentucky Fraud Statement: 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.

Maine Fraud Statement: 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 a denial of insurance benefits. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Washington Fraud Statement: 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 a denial of insurance benefits.

Maine and Washington Fraud Statement: 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 a denial of insurance benefits.

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

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

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

North Dakota Fraud Statement: Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

Ohio Fraud Statement: 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.

I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Utah Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy

Vermont Fraud Statement: 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 may be subject to fines and confinement in prison.

Virginia Notice: This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Virginia Fraud Statement: Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah Fraud Statement: 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.

Washington Fraud Statement: Any person, who, knowing it to be such:

(1) Presents, or causes to be presented, a false or fraudulent claim or any proof in support of such a claim, for the payment of a Loss under a contract of insurance; or

(2) Prepares, makes, or subscribes any false or fraudulent account, certificate, affidavit, or proof of Loss, or other document or writing, with intent that it be presented or used in support of such a claim, is guilty of a gross misdemeanor, or if such claim is in excess of one thousand five hundred dollars, of a class C felony.

Fraud Statement (All Other States): 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.

Retail agency name: _____ License #: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

New York Fraud Statement: 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.

Applicant's signature: _____

Title: _____

Date: _____

I acknowledge that the information provided in this application is material to acceptance of the risk and the issuance of the requested policy by Company. I represent that the information provided in this application is true and correct in all matters. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date of this Application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in the Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.



Allied Healthcare Professional Liability and General Liability:

ATHLETIC AND PHYSICAL TRAINING/THERAPIST SUPPLEMENTAL APPLICATION

PLEASE INDICATE ALL SERVICES PROVIDED BY THE APPLICANT:

- ☐ Athletic trainers ☐ Personal trainers/fitness instructors ☐ Corrective therapists
☐ Physical therapists ☐ Occupational therapists ☐ Rehabilitation therapists

1. Name of applicant: _____
2. Does the applicant provide any services involving Thai Massage? ☐ Yes ☐ No
3. Percentage of services provided to minors (3-18 yrs) : ____%
4. Does any person for whom coverage is sought conduct blood analysis or stress testing services? ☐ Yes ☐ No
5. Does any person for whom coverage is sought provide Integumentary services (wounds/burns) or services to children under age three? ☐ Yes ☐ No
6. Does any person for whom coverage is sought work with celebrities, professional athletes, Division 1 college athletes or recruits or other high profile clients? ☐ Yes ☐ No
If "Yes," % of services for high profile clients? ____%
7. If applicant is an athletic trainer or provides physical therapy services, are these services provided only under a physician's direction? ☐ Yes ☐ No ☐ N/A
If "No," please explain: _____
8. (a) If physical therapy services are provided, are formal policies and procedures followed for assessing quality of care, risk management, infection control and patient safety? ☐ Yes ☐ No ☐ N/A
(b) If "Yes," are these policies and procedures reviewed regularly for effectiveness? ☐ Yes ☐ No
9. Does the applicant provide more than 10% of services in a nursing home or inpatient hospital setting? ☐ Yes ☐ No
10. If physical therapy services are provided, does the applicant follow formal policies and procedures for proper documentation of patient/client records and proper communication of clinical information to professionals involved in the treatment of patients/clients? ☐ Yes ☐ No ☐ N/A
11. Does the applicant own/operate a training, therapy or fitness facility? ☐ Yes ☐ No
(a) If "Yes," are safety inspections regularly performed on the facility and all equipment? ☐ Yes ☐ No ☐ N/A
12. If the applicant is a corrective therapist, are all services performed only with a physician's order? ☐ Yes ☐ No ☐ N/A
13. If the applicant provides occupational therapy services, do these services include driver rehabilitation services? ☐ Yes ☐ No ☐ N/A
14. If the applicant provides occupational therapy services, does the applicant require a physician's sign-off before a patient/client returns to work? ☐ Yes ☐ No ☐ N/A
15. If applicant is a personal trainer, are martial arts or combat training services offered? ☐ Yes ☐ No ☐ N/A
16. Does the applicant require signed informed consent and waiver of liability forms for all patients/clients (parent or guardian signing for minors)? ☐ Yes ☐ No

This supplemental application is incorporated into and is deemed a part of the other application(s) submitted in connection with the requested insurance. Any and all notices and representations included in such other application(s) are incorporated by reference in this supplemental application as though fully set forth herein.

Applicant's Signature _____ Title _____ Date _____

(Principal, Partner or Officer)

Print Name _____

Agent's signature: _____

(Required in New Hampshire)