

Alliance of Nonprofits for Insurance

Social Service Professional Liability Supplemental Application

Applicant Name: _____
 Quote Need by Date: _____ Prop. Effective Date: _____
 Limits Requested: _____

Please Note: This application is for Social Service Professional Liability coverage, and can only be bound in conjunction with a General Liability policy.

SOCIAL SERVICE PROFESSIONAL LIABILITY (SSP)

1. Indicate the number of professionals that currently work as Employees, Volunteers, and Independent Contractors in the following professional capacities: If none, please check here: None

Provider	Employees		Volunteers		Independent Contractors	
	FT	PT	FT	PT	FT	PT
Acupuncturist						
Adoption Service Employee						
Aide						
Assisted Living Provider						
Certified Enrollment Counselor						
Childcare Worker						
Chiropractor						
CNA/LPN/Nurse Assistant						
Coach/Assistant Coach						
Companion Care/Home Aide						
Daycare Provider						
Dental Hygienist/Assistant						
Educator/Instructor/Teacher						
Group Home/Supported Living Provider						
Home Health Aide (greater skill than Companion)						
Intake Coordinator/Specialist						
Mentor/Tutor						
Nutritionist/Dietician						
Optician						
Personal Care Attendant						
Phlebotomist						
Psychologist/Psychotherapist						
Recreational Instructor						
RN						
Social Worker/Case Worker						
Therapist/Counselor (All)						
Veterinarian						
Other Professionals (describe):						

2. Indicate number of Annual Medical Professional Staffing – Employees, Volunteers and Independent Contractors working for Applicant in the following medical professional capacities:

If none, please check here: None

Medical Services Provider	Employees		Volunteers		Independent Contractors	
	FT	PT	FT	PT	FT	PT
Dentist						
Nurse Anesthetist, Midwife and/or Nurse Practitioner						
Optometrist						
Paramedic/EMT						
Pharmacist						
Physician Assistant						
Physician/Surgeon/Psychiatrist						

Note: Our policy may extend vicarious professional coverage to the nonprofit entity as respects professional services rendered on the insured's behalf only if the above employed or volunteer professionals carry their own medical malpractice insurance with a minimum limit of liability of \$1,000,000.

3. Does Applicant use any independent contractors? Yes No

If yes:

a. Does Applicant require them to sign a hold harmless or indemnification agreement? Yes No

b. Does Applicant require and maintain on file certificates of insurance for each independent contractor reflecting minimum limits of liability of \$1,000,000? Yes No

c. Does Applicant require that all independent contractors name your organization as an Additional Insured on their insurance policy? Yes No

Note: Typically, independent contractors/1099 workers are expected to procure their own insurance. Independent contractors/1099 workers are not covered under the policy for which Applicant is applying unless a special endorsement is added to the policy. If you would like us to consider adding this special endorsement to cover independent contractors/1099 workers providing services on your behalf, please indicate here and attach a list including the first and last name and a description of services provided by each independent contractor/1099 worker.

4. Does Applicant provide services to bi-polar, severely autistic, schizophrenic, paranoid, psychotic, severely mentally ill clients or to adjudicated sex offenders? Yes No

If yes, please provide details: _____

5. What security is provided for protection and/or monitoring of Applicant's clients/residents?
 None Guards Video Cameras Other (describe): _____

6. What method does Applicant use for de-escalation with agitated clients? _____

7. Does Applicant diagnose clients/residents? Yes No

8. Does Applicant prescribe or provide medication to clients/residents? Yes No

If yes, please provide details: _____

9. Does Applicant verify licenses and other credentials of staff before hiring? Yes No

a. If no, please explain: _____

b. If yes, are procedures in place to verify current licenses are maintained and in good standing? Yes No

10. Does Applicant have a formal incident procedure in place that requires staff to report to an administrator all incidents that may result in a claim? Yes No

If yes, is a written record kept and reviewed regularly? Yes No

11. Has Applicant or Applicant's staff ever:

a. Been reprimanded, refused admission or suspended by any association or administrative agency? Yes No

b. Had their license been under investigation, suspended, revoked, voluntarily surrendered or placed under conditional status? Yes No

If yes to either 11.a. or 11.b. above, please provide details: _____

