



**SOCIAL SERVICES  
GENERAL/PROFESSIONAL LIABILITY RENEWAL APPLICATION**

IMPORTANT: ALL OPERATIONS MUST BE DECLARED AND THE APPROPRIATE SECTION OF THE SUPPLEMENTAL APPLICATION COMPLETED WHERE APPLICABLE. THIS IS NOT A BINDER.

**I. GENERAL INFORMATION**

1. Insured/Mailing Address: \_\_\_\_\_
2. Are there any changes in operations (e.g. services; locations, etc.):  Yes  No If yes, please provide the details and square footage:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Web page address: \_\_\_\_\_
4. Annual budget: \_\_\_\_\_
5. List the anticipated "Special Events/Fund Raisers" you may sponsor throughout the year. \_\_\_\_\_  
 \_\_\_\_\_
6. a. Any changes in accreditations by any organization(s)?  Yes  No  
 b. If Yes, by whom?  JCAHO  CARF  COA  Other \_\_\_\_\_

**II. LOSS HISTORY**

Please provide currently valued loss runs for the past 4 years not including the years coverage was with AIG.

**III. HIRING AND TRAINING/RISK MANAGEMENT**

1. Have there been any changes in your procedures/protocols over the course of the last 12 months?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

**IV. STAFF (including Employees/Independent Contractors/Volunteers)**

1. Please complete the following, or attach a separate staffing list.

Schedule of Non-Physician Staff	Number Full-Time	Number Part-Time	Schedule of Non-Physician Staff	Number Full-Time	Number Part-Time
Audiologist			Medical Director		
Home Health			Ophthalmologist/Optician		
Houseparent			Paraprofessional Social Worker		
Intern/Student			Pastoral Counseling		
Nurse Aide/Home Health Aide			RN		
Occupational Therapist			Phlebotomist		
Certified Medical Assistant			Physical Therapist		
Dentist/Dental Hygienist			Respiratory Therapist		
Dietician			Psychologist		
Medical Tech			EMT		
Social Worker			Nurse Practitioner		
Therapist/Counselor			Paramedic		
Dialysis Tech			Physician Assistant		
LPN			Volunteers		
Teachers			Other		
Speech Pathologist			Describe:		

2. Please indicate the total number of staff: \_\_\_\_\_

3. # of clients: Residential \_\_\_\_\_ Outpatient Visits \_\_\_\_\_ Adult Day Services \_\_\_\_\_

**V. PSYCHIATRISTS**

Not Applicable

Please complete if you have employed, volunteer, or contracted psychiatrists.

A	B	C	D	E	F	G	H	I
Name	Board Certified or Board Eligible	License Number	Hours worked per week for clinic/center	Employed or Contracted	Does psychiatrist carry own malpractice insurance?	Does psychiatrist's insurance cover his acts while working for you?	Insurance Carrier? (Attach copy of Certificate of Insurance)	Any Claims? If Yes, please explain on separate sheet.

1. Is an employment application obtained on all psychiatrists?  Yes  No
2. Does your professional employment application for psychiatrists ask the following questions:
  - a. Have you ever been convicted of a crime in any state or country?  Yes  No
  - b. Has your license ever been suspended or revoked in any state or country?  Yes  No
  - c. Have ever been treated for alcoholism or drug addiction?  Yes  No
  - d. Have you ever been subject to an investigation, disciplinary proceeding, or reprimanded by a governmental or administrative agency, hospital or professional association?  Yes  No
  - e. Are you aware of any acts, errors, omissions, or circumstances which may result in a claim against you?  Yes  No
3. Do you check all psychiatrist credentials prior to hire/contract?  Yes  No
4. Is a current Certificate of Insurance obtained annually, verifying that the psychiatrist carries his/her own malpractice insurance?  Yes  No
5. Check medical services provided by physicians:  Routine Physical  
 Electroconvulsive Therapy     Hypnosis     Prenatal Care/Delivery     Other \_\_\_\_\_

#### VIII. ADDITIONAL OPERATIONS

1. Check **ALL** applicable operations and complete the designated "SECTION NUMBER" of the SUPPLEMENTAL APPLICATION where indicated.
  - a.  Sheltered Workshop                      Complete Section I of Supplemental Application
  - b.  Camp/Adventure Course              Complete Section II of Supplemental Application
  - c.  Day Care                                      Complete Section III of Supplemental Application
  - d.  Thrift Store                                  Indicate Estimated Annual Receipts: \$ \_\_\_\_\_  
 Description of goods sold: \_\_\_\_\_
  - e.  Other    Describe: \_\_\_\_\_

**ATTACH COPIES OF ALL BROCHURES AND SERVICES LITERATURE**

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** 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 AUTHORITIES

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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 IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**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 FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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 (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

FRAUD STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_