Allen Financial Insurance Group

PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

Human Services Application

Applicant Information	*For office use only: Approved_________ Effective Date:________*	
1. Contact Information		
Company Name:	Residence Phone:	
Attn/Address 2:	Business Phone:	
Street:	Fax:	
City, State, Zip:	Email:	
Contact Name:	Current Carrier:	Expiration Date:

** How did you hear about us? ☐Professional Association ☐Internet Search ☐Advertisement in Publication ☐Facebook ☐Co-Worker/Friend/Colleague ☐Previously Insured by CPH ☐Other____________________

2. How would you like to receive your policy documents? ☐Email ☐Fax ☐Mail

3. a. Does your business have a website? If Yes, enter the URL address here: http://

   b. **If you do not have a website <u>that describes the services you provide</u>**, please attach one or more of the following: (check items attached): ☐**Company brochure** ☐**Business Plan** ☐**Description of the scope of all services provided**

4. Are you a member of a professional association? : ☐ Yes ☐No If yes, please specify: ___________________________

Professional Liability

5. Rating Basis for limits of $1,000,000 each occurrence/$3,000,000 aggregate

******List only W-2 Employees and/or Volunteers******

Occupation	Number of Employees and/or Volunteers	Occupation	Number of Employees and/or Volunteers
Clerical /Admin		Educator	
Counselor		Social Worker	
Psychologist (Doctoral Level)		Speech Pathologist	
LEP/ Masters Psychologist		Dietician/ Nutritionist	
Marriage & Family Therapist		RN/LPN/LVN	
Occupational Therapist		Paraprofessional*	
BCBA/BCABA		Student	
Behavior Therapist		Other (Describe)*:	

***Please provide a job description for each "Paraprofessional" and/or "Other" designation on separate sheet.**

Total Number of Employees/Volunteers:__________ (should total amounts designated above)

Additional Insureds

6. If you have contracts requiring you list entities on your policy as Additional Insureds**, please provide their name and mailing address on a separate sheet**. If adding a landlord, also provide the physical address of the premises being leased.

- **Landlord** (you must have a written lease naming them as Lessor): **No additional charge***
  ***Limited to 1 Lessor per office location, each additional is 10%**
- **All Others** (please indicate the nature of your professional relationship in your written request e.g. agencies, employers, supervisors, property managers, etc.): **Additional 10% of your professional liability premium each**

State licensing Board Defense Coverage Increase

7. Your policy includes **$35,000** for defense of a **State Licensing Board Investigation**. You have the option to **increase this coverage.**

I would like to: ☐ **Increase this limit to $75,000** ($75.00 additional premium)
☐ **Increase this limit to $100,000** ($100.00 additional premium)

Supplemental Coverages

8. a. **I would like to ADD the CPH TOP® (Includes General Liability AND *Property Coverage) ……………….** ☐ Yes ☐No
NOT AVAILABLE in Florida
-- OR --
b. **I would like to ADD ONLY General Liability Coverage………………………………………………………………** ☐ Yes ☐No

c. *(if a or b is yes)*:
Have you had any General Liability losses within the last 3 years?... ☐Yes** ☐No
If yes, please provide an explanation on a **separate sheet of paper

d. **To add CPH TOP® or General Liability coverage, provide full street addresses for each location to be covered.**
Please use a separate sheet of paper for more than 2.

Location 1 (If different from address in section 1)	**Location 2**
____________________	____________________
____________________	____________________
____________________	____________________
Total Square Footage Occupied by Applicant: ______	Total Square Footage Occupied by Applicant: ______
Monetary Value of Business Personal Property: _____	Monetary Value of Business Personal Property: _____

9**. Sexual Abuse/Molestation (Rating basis for limits of $1,000,000 each occurrence/ $1,000,000 aggregate)**
I would like to add this coverage ………..……... ☐ Yes ☐No
Do you provide background checks for all employees? ……… ☐ Yes ☐No
Do you have a contract requiring this coverage? If so, please provide a copy ………..……... ☐ Yes ☐No

10**. Non-Owned/Hired Auto Liability (Rating basis for limits of $1,000,000 each occurrence/$1,000,000 aggregate)**
I would like to add this coverage ………..……... ☐ Yes ☐No
Do you provide transportation to clients? ……… ☐ Yes ☐No
Do you check Motor Vehicle Records of all employees using their vehicles for work purposes? ……… ☐ Yes ☐No

→ *Protects your business for liability resulting from an employee's use of their own vehicle for a business purpose. There is no protection for collision or physical damage to personnel's vehicles.*

11. **Business Income and Extra Expense (Rating basis for limits of $250,000)**
I would like to add this coverage ………..……... ☐ Yes ☐No

→ You must also add the CPH TOP to be eligible for this coverage.

Qualification Questions

12. Have you or any of your employees ever been refused coverage for professional liability or malpractice insurance or has your malpractice or professional liability insurance ever been canceled or declined for renewal (non-renewed)?...... ☐ **Yes** ☐**No**

13. Has any claim or suit ever been brought against you or any of your employees for alleged malpractice or professional liability, or are you aware of any incident or existing circumstances that might reasonably lead to a claim or suit?................ ☐ **Yes** ☐**No**

14.. Have you or any of your employees ever been convicted of a misdemeanor or felony? .... ☐ **Yes** ☐**No**

15. Have you or any of your employees ever had your license, certification or registration suspended, revoked, or placed on probation by a licensing board, board of examiners, or any other governmental entity that regulates your profession? Have you or any of your employees received a citation or paid a fine as a result of a board proceeding? Have you or any of your employees surrendered, either voluntarily or otherwise, your license, certification, or registration? ....☐ **Yes** ☐**No**

16. Have you or any of your employees ever been accused of sexual misconduct or any professional impropriety?............☐ **Yes** ☐**No**

17. Have any complaints ever been filed against you or any of your employees with a peer review committee or an ethics committee of a professional association, hospital, health care facility, or any other governmental or private entity? ....☐ **Yes** ☐**No**

18. Do you know of any reason why you or any of your employees cannot comply with the legal, ethical, or professional standards set by law, by regulation, by a peer review committee or by an applicable code of ethics in any jurisdiction where you provide services? ☐ **Yes** ☐**No**

If your answer to any of the questions is "yes", please provide a detailed explanation on a separate sheet and any pertaining documentation.

Confirm: Please Read, Sign & Date Below

The applicant declares the information contained in the application is true and that no material facts have been suppressed or misstated. The applicant understands that incorrect information could void the Insurance coverage. The signing of this application does not bind the undersigned to purchase this insurance, nor does the review of the application bind the insurance company to issue a policy. It is agreed that this application shall be the basis of the contract should a policy be issued. 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 hereto, commits a fraudulent insurance act.

Signature of Named Insured:____________________________ **Today's Date**:________________ **Desired Effective Date:**________________

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO, COMMITS FRAUD, WHICH IS A CRIME. IN SOME JURISDICTIONS, SUCH CRIME SHALL ALSO BE SUBJECT TO SUBSTANTIAL CIVIL PENALTIES.

SIGNATURE AND AGREEMENTS

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of the statements and representations made on the application and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance (if issued). The undersigned hereby authorizes Allen Financial Insurance Group and it's Companies to use the information contained in this application and in their files for the purpose of underwriting this insurance.

SIGNING THIS FORM OR SENDING PREMIUM WITH THIS APPLICATION NEITHER BINDS COVERAGE OR GUARANTEES A POLICY WILL BE ISSUED.

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