



## **Social Services Professional Liability/General Liability Insurance Renewal Application**

**THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.**

*This application for Professional Liability and General Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications. "You" and "Your", as used in this application, means the Applicant.*

<b>1. GENERAL INFORMATION</b>			
Name of Applicant			
<b>(If multiple names and locations, please attach list.)</b>			
Street Address		Phone	
City, State, Zip Code		County	
Website		Contact e-mail	
<b>2. OPERATIONS</b>			
<b>a.</b> Has the Applicant's name changed, or has any merger or consolidation taken place in the last 12 months? <b>If "YES", please provide details:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b.</b> Have you changed the nature of your professional services in any way in the past 12 months? <b>If "YES", please provide details:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c.</b> Has the Applicant's staff changed from last year? <b>If "YES", please list number and type of staff (professional designation).</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>d.</b> Has the Applicant increased or decreased the services offered (i.e. OPV's, meals served, placements made) by more than 10% from last year? <b>If "YES", please provide details:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>e.</b> In the last 12 months, have you or any of your employees or volunteers: <ul style="list-style-type: none"> <li>(1) been the subject of a disciplinary proceeding, investigation or reprimand by a governmental or administrative agency, hospital or professional association, including any audit or investigation regarding Medicare/Medicaid billing practices or utilization of Medicare/Medicaid services?</li> <li>(2) been convicted for a violation of any law or ordinance other than traffic offenses?</li> <li>(3) had a state professional license or license to prescribe or dispense narcotics refused, suspended, revoked, non-renewed or accepted only on special terms, or voluntarily surrendered any such license?</li> </ul> <b>If "YES" to any of the above, attach explanation.</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. LOSS HISTORY	
a. Have any claims, lawsuits, proceedings, actions, complaints, demand letters, administrative proceedings, formal or informal governmental investigations or inquiries been made against you or any other person or entity proposed for this insurance within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If "YES" to question 3.a., have all such claims, lawsuits, proceedings, actions, complaints, demand letters or investigations/inquiries been reported to Tokio Marine HCC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None to Report
c. If "NO" to question 3.b., please complete a Claim Supplemental Form for each claim received within the last 12 months, but not yet reported to Tokio Marine HCC.	

**NOTICE TO APPLICANT**

**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 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.**

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability.

**I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact, and that I agree that this application shall be the basis of the contract with the Underwriters.**

**CERTIFICATION AND SIGNATURE**

The Applicant has read the foregoing and understands that completion of this application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this application is complete and correct to the best of the Applicant's knowledge and belief, and that all particulars which may have a bearing upon acceptability as a Professional Liability and General Liability Insurance risk have been revealed.

It is understood that this application shall form the basis of the contract should the Underwriter approve coverage and should the Applicant be satisfied with the Underwriter's quotation. It is further agreed that, if in the time between submission of this application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to any question of this application, such information shall be revealed immediately in writing to the Underwriter.

This application shall be deemed attached to and form a part of the Policy should coverage be bound.

**Must be signed by an officer of the company.**

Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant