



Allied Healthcare Professional Liability & General Liability: Miscellaneous Class Supplemental Application

Complete the following only for the professions for which you are applying for coverage. Professions not listed here may require a separate supplemental application.

A. DENTAL ASSISTANT

1. Does the applicant work under a dentist's supervision? Yes No
2. Does the applicant administer any form of anesthesia (including local, general or sedation)? Yes No

B. DENTAL HYGIENIST

1. Does the applicant work under a dentist's supervision? Yes No
2. Does the applicant administer general or sedative anesthesia? (do not answer "yes" if local anesthesia only) Yes No

C. EEG TECHNICIAN/TECHNOLOGIST

1. Is the applicant CPR certified or have CPR certified staff on duty? Yes No
2. What % of services involves pediatric patients? Yes No

D. FIRST AID/CPR TRAINING

1. Does the applicant provide services creating evacuation plans or compliance with fire/safety regulations? Yes No
2. Does the applicant provide training other than first aid/CPR? Yes No
3. Does the applicant specialize in consulting services for earthquake, terrorism, weapons of mass destruction or similar catastrophic events? Yes No

E. HEALTH EDUCATOR

1. Does the applicant provide abortion counseling, adoption screening or foster care screening? Yes No
2. Does the applicant specialize in emergency preparedness/catastrophic/mass epidemic consulting? Yes No

F. LACTATION CONSULTANT

1. Does the applicant specialize in consulting for premature infants? Yes No

G. MEDICAL OFFICE ASSISTANT

1. Does the applicant provide services as a Physicians Assistant? Yes No
2. Is the applicant involved in utilization review, peer review/case management services or making managed care treatment decisions? Yes No
3. Does the applicant provide clinical services including medical treatment, prepare/administer medication, remove sutures or assist in physical exams? Yes No

H. OPTICIANS & OPTOMETRIC ASSISTANTS

1. Does the applicant provide any services as an ophthalmologist or optometrist? Yes No
2. Does the applicant fit prosthetic ocular devices? Yes No

I. PATIENT INTAKE TECHNICIAN

1. Does the applicant provide peer review/case management services, make managed care treatment decisions or provide utilization review services? Yes No
2. Does the applicant work in an emergency room? Yes No

J. PHLEBOTOMIST

1. Does the applicant provide services involving Heparin or Saline flushes? Yes No
2. Does the applicant act as a Dialysis Technician? Yes No

K. POLYSOMNOGRAPHIC TECHNOLOGIST

1. Is the applicant CPR certified or have CPR certified staff on duty? Yes No
2. What % of services involves pediatric patients? Yes No

L. SCHOOL COUNSELOR

1. Does the applicant develop safety or security emergency preparedness programs for schools? Yes No

M. SPEECH LANGUAGE PATHOLOGIST

1. Does the applicant perform suctioning or emergency procedures? Yes No

N. X-RAY TECHNICIAN

1. Does the applicant administer/inject materials in patients' bloodstream or prepare/administer solutions of contrast medium for ingestion or interpret radiographs? Yes No
2. Does the applicant provide ultrasound or fluoroscopy services or act as a radiologist or diagnostic medical sonographer? Yes No
3. Does the applicant provide services as a nuclear medicine technologist or cardiovascular technologist? 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, Officer or Partner

Print Name: _____