



Allied Healthcare Professional Liability and General Liability: SOCIAL WORKER SUPPLEMENTAL APPLICATION

- Name of applicant: _____
- Please provide a detailed description of services provided: _____

If "Yes" to any of the questions below, please provide details in the space provided below.

- Does applicant provide services involving public safety or health? Yes No
- Does applicant provide healthcare advocacy services (i.e. assisting clients in getting medical treatment/medical services)? Yes No
- Does applicant provide services related to emergency preparedness/disaster response/epidemic or pandemic response? Yes No
- Does applicant provide suicide counseling or provide crisis hotline services? Yes No
- Does applicant follow formal guidelines for referring clients/patients to specialists when appropriate? Yes No
- Does the applicant provide services pertaining to the following?

Abortion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adoption arrangement/screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	Obtain legal or financial services for clients	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child abuse/spousal/domestic abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monitoring elderly/child care on behalf of families	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child protective services/child welfare	<input type="checkbox"/> Yes <input type="checkbox"/> No	Organ transplants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communicable diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnancy (minors)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	Violence prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details on "Yes" answers: _____

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, Partner or Officer)

Print Name _____