

**ALLIED HEALTH PROFESSIONALS INSURANCE APPLICATION
Liability (including Professional Liability) and Premises Coverage**

1. Name of the Applicant: _____
2. Federal Employer Identification Number (FEIN): _____ SIC Code: _____
3. Applicant Firm's principal location:
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Website Address: _____ E-mail: _____
4. Please list any additional office locations on an attached sheet. **Check here if there are locations attached.**
5. When was the Applicant Firm established? _____

PROFESSIONAL LIABILITY SECTION – Must be Completed. Check all that apply.**6. Profession Number of Licensed Professionals**

Audiologist: _____
Dietician: _____
Nutritionist: _____
Music Therapist: _____
Occupational Therapist: _____
Speech Pathologist/Therapist: _____
Other: (describe) _____
Other: (describe) _____

6a. Check all that apply:

The Applicant's professional staff is currently licensed and in good standing in the state indicated in the question above, for the professional indicated above.

No member of the Applicant's staff has ever been expelled from a professional association, not been convicted of a felony.
Every professional member of the Applicant is a member of a professional association.

Professional Malpractice has been alleged against the Applicant. **Please attach details if this box is checked.**

7. The Applicant's annual revenues attributable to professional services rendered are: \$ _____

DESIRED COVERAGE:

8. **Contents Coverage:** \$ _____ (This coverage is required)

Deductible: \$250 \$500 \$1,000 \$2,500

9a. **Hired Auto:** Yes No 9b. **Non Hired Auto:** Yes No

10. **Number of buildings:** _____ **Rent: Own: Percent occupied:** _____ %

11. **Construction type:** _____ **Year built:** _____ **Square feet:** _____

12. Liability & Medical Expenses: **\$1,000,000** Per Claim Limit (automatic coverage) **\$3,000,000** Aggregate Limit

13. **Tenants Fire Legal Liability:**

Limits: \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

14. **Employee Dishonesty w/ Additional Location(s):**

Limits: \$500 \$10,000 \$25,000 \$100,000

15. **Forgery and Alteration:** Yes No (This option can only be purchased with Employee Dishonesty Coverage)

16. **Valuable Papers:** Yes No

17. **Money & Securities- On Premises:** \$ _____ **Money & Securities- Off Premises:** \$ _____

18. Interior Glass: Yes No Square Footage: _____ 17b. Signs \$ _____

19a. Computer Hardware: \$ _____ 19b. Computer Software: \$ _____

20. Loss History: Total number of claims in the past 3 years: _____

Date Type/Description Amount Paid Amount Reserved Open/Closed

_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

If additional space is required, please attach a separate page or use the Additional Information page located at the end of the application.

WARNING: 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 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 KENTUCKY 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 THERTO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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, WHICH IS A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKE ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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 THERTO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 MAINE AND VIRGINIA 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 NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

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 TENNESSEE 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.

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

Name (Please Print)

Title (Must be signed by a Principal or Partner)

Signature

Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature Date