

ANI #3

Social Service Professional Liability Supplemental Application

Applicant Name: _____
 Quote Need by Date: _____ Prop. Effective Date: _____
 Limits Requested: _____

Please Note: This application is for Social Service Professional Liability coverage, and can only be bound in conjunction with a General Liability policy. For complete instructions on our submission requirements, please visit <https://www.ani-rrg.org/Brokers-New-Submissions.cfm>.

SOCIAL SERVICE PROFESSIONAL LIABILITY (SSP)

1. a. In the past three (3) years, has any insurance carrier declined, canceled or non-renewed any Social Service Professional Liability coverage for which Applicant has applied? Yes No
 If yes, please explain: _____
- b. Does Applicant have knowledge or information of any incidents which might reasonably be expected to give rise to a claim? Yes No
- c. Attach currently valued loss runs for the past three (3) years as well as a completed NIAC/ANI #11 Claims Supplemental Application for each claim that has been reported under any Social Service Professional Liability policy in the last three (3) years. If no coverage was in force, but an incident did occur, please complete the #11 Claims Supplemental Application to describe each incident. If none, please check here: None

2. Does Applicant currently have any Social Service Professional Liability coverage in force? Yes No
 If yes, please complete the following:

Prior Carrier	Effective Dates	Limit	Retro Date (if claims made)	Premium

3. Indicate the number of employees or volunteers working for Applicant as a Medical Services Provider:
 If none, please check here: None

	FT	PT		FT	PT
Psychiatrist			Dentist/Hygienist		
Nurse Practitioner			Pharmacist		
Physicians Assistant			Acupuncturist		
Phlebotomist			Chiropractor		
MD					

- a. Does Applicant require evidence of individual Medical Malpractice coverage for Medical Service Providers? Yes No
 If no, explain reason: _____
- b. Do any of Applicant's employees or volunteers prescribe medications to your clients? Yes No

4. Indicate the number of employees or volunteers NOT working in the capacity of a Medical Service Provider.
 If none, check here: None

	FT	PT		FT	PT
RN/LPN/Nurse Assistant			Caregivers/Childcare Workers		
Psychologist			Resident Home Care Providers		
Teachers/Tutor/Aide			Veterinarian		
Mentors			Other Professionals		
Counselors/Therapists/Social Workers					

5. Do Independent Contractors furnish evidence of Professional Liability coverage for all activities performed on behalf of Applicant? Yes No