



Application for Behavioral & Allied Health Professional Liability Coverage

Employed as W2 Employee

This is an occurrence policy form. With an occurrence policy, you do not have to purchase a tail or extended reporting period (ERP) coverage after the policy is not needed. Please review the policy carefully and discuss coverage thereunder with your insurance agent or broker.

A lower limit of liability to judgments or settlements when there are allegations of sexual misconduct; (See IV.E. of the policy form)

This application is for professionals employed as a W2 employee, either full-time or part-time. If you are self-employed or acting as an independent contractor (1099) please use our application for self-employed professionals. If acting as both, W2 and self-employed, use the self-employed application.

Applicant Information:

| | | |
|----------------|-------------|------------|
| First Name: | MI: | Last Name: |
| Email Address: | | |
| Primary Phone: | Cell Phone: | |
| Address 1: | | |
| Address 2: | | |
| City: | State: | Zip: |

Check the single box that best describes your occupation:

| | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Aerobics Instructor | <input type="checkbox"/> | Health and Wellness Educator/Counselor |
| <input type="checkbox"/> | Art Therapist | <input type="checkbox"/> | Heller Worker or Rolfer |
| <input type="checkbox"/> | Athletic Trainer | <input type="checkbox"/> | Kinesio Therapist |
| <input type="checkbox"/> | Audiologist | <input type="checkbox"/> | Kinesiologist |
| <input type="checkbox"/> | Behavior Consultant | <input type="checkbox"/> | Licensed Assistant Behavior Analyst |
| <input type="checkbox"/> | Behavior Specialist | <input type="checkbox"/> | Licensed Behavior Analyst |
| <input type="checkbox"/> | Behavior Technician | <input type="checkbox"/> | Licensed Clinical Professional Counselor (LCPC) |
| <input type="checkbox"/> | Behavior Therapist | <input type="checkbox"/> | Licensed Marriage and Family Therapist (LMFT) |
| <input type="checkbox"/> | Board Certified Assistant Behavior Analyst (BCaBA) | <input type="checkbox"/> | Licensed Professional Counselor (LPC) |
| <input type="checkbox"/> | Board Certified Behavior Analyst (BCBA) | <input type="checkbox"/> | Licensed/Certified School Counselor |
| <input type="checkbox"/> | Certified Case Manager | <input type="checkbox"/> | Life Coach |
| <input type="checkbox"/> | Certified Rehabilitation Professional | <input type="checkbox"/> | Massage Therapist |
| <input type="checkbox"/> | Counselor/Counseling Professional | <input type="checkbox"/> | Mental Health Services Professional |
| <input type="checkbox"/> | Dance Therapist | <input type="checkbox"/> | Music Therapist |
| <input type="checkbox"/> | Exercise Physiologist | <input type="checkbox"/> | Nutritionist & Dietitian Professional |
| <input type="checkbox"/> | Fitness Professional | <input type="checkbox"/> | Occupational Therapist |
| <input type="checkbox"/> | Group Fitness Instructor | <input type="checkbox"/> | Optician |

| | |
|--------------------------|---|
| <input type="checkbox"/> | Personal Training Professional (Health & Fitness) |
| <input type="checkbox"/> | Pilates Instructor |
| <input type="checkbox"/> | Professional Clinical Counselor Intern |
| <input type="checkbox"/> | Provisional Licensed Professional Counselor |
| <input type="checkbox"/> | Psychologist or related Psychology Professional |
| <input type="checkbox"/> | Recreational Therapist |
| <input type="checkbox"/> | Rehabilitation Therapist |
| <input type="checkbox"/> | Social Work Services |
| <input type="checkbox"/> | Speech Therapist |
| <input type="checkbox"/> | Sports Medicine Instructor |

| | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Sports Medicine Therapist |
| <input type="checkbox"/> | Structural Body Worker |
| <input type="checkbox"/> | Student: Behavior Analysis |
| <input type="checkbox"/> | Student: Health |
| <input type="checkbox"/> | Student: Massage Therapy |
| <input type="checkbox"/> | Student: Mental Health |
| <input type="checkbox"/> | Substance Abuse Counselor |
| <input type="checkbox"/> | Yoga Instructor |
| <input type="checkbox"/> | Yoga Therapist |

INELIGIBLE APPLICANTS

- Nurses, Nurse Practitioners, Technologists, and Physician Assistants
- Experimental or unconventional treatment activities (i.e. sweat lodges)
- Correctional institution based occupations
- Residential based treatment facilities, foster care facilities, or adoption agencies
- Students not working under the supervision of a supervisor with the same occupation as the field of study, or students working under the supervision of a supervisor who is not in state or federal compliance regarding license or certification

Do you have a current professional liability policy with the NASW Risk Retention Group? Yes No
If yes, what is your expiration date? _____

Qualification Questions

1. **Has a malpractice claim or lawsuit been brought against you? Yes No**
2. **Have any licensing board inquiries been filed against you? Yes No**
3. **Has any of your insurance ever been canceled or non-renewed? Yes No**
4. **Have you ever been the subject of a reprimand or disciplinary action, refused employment or admission to a professional society, had your privileges suspended by any court or administrative agency, or been the subject of any ethics investigation at a local, state, or national level? Yes No**
5. **Are you aware of any circumstances which may result in a malpractice claim or suit including sexual misconduct; or professional impropriety being made, or brought against you; or during the past twenty-four (24) months have any of your clients or patients in your care died; or did any sustain serious injury; or cause any property damages? Yes No**
6. **Do you provide therapies, services, or activities involving Equine Therapy and/or Canine Therapy? Yes No (This policy provides for an Endorsement for Equine Therapy and/or Canine Therapy)**
7. **Do you provide therapies, services, or activities involving Divorce Litigation? Yes No (This policy provides for an Endorsement for Divorce Litigation)**

If your answer to any of the questions is "YES", please provide a detailed explanation on a separate sheet and include any pertaining documentation from a licensing board, ethics committee, professional association, or healthcare facility; (i.e.: complaint, dismissal letter, consent agreement, or pertinent court documents.)

Coverage Options

Our Professional Liability Policy Includes:

- Medical Payments \$5,000 per incident/\$50,000 limit per policy period
- Emergency First Aid \$15,000 no incident frequency limit
- Wage Loss & Expenses \$1,000 per day/\$35,000 limit per policy period
- First-Party Assault \$15,000 no incident frequency limit per policy period
- Deposition Expenses \$5,000 per incident/\$35,000 limit per policy period
- Subpoena Defense \$400 limit for 1 claim per policy year
- Sexual Misconduct \$25,000 limit per policy year
- Licensing Board Defense \$35,000 per incident (no incident frequency limit)
- HIPAA Records Defense \$25,000 per incident (no incident frequency limit)

Please Note: The \$3,000,000/\$5,000,000 Limits of Liability option is only available for residents of the state of Virginia.

A. SELECT COVERAGE (Check only one. To determine your premium please see the employed rate chart attached to this application. Choose your occupation and enter the corresponding rate.)

| | | |
|--------------------------|--|----|
| <input type="checkbox"/> | \$1,000,000 per occurrence/\$3,000,000 aggregate | \$ |
| <input type="checkbox"/> | \$1,000,000 per occurrence/\$5,000,000 aggregate | \$ |
| <input type="checkbox"/> | \$2,000,000 per occurrence/\$4,000,000 aggregate | \$ |
| <input type="checkbox"/> | \$3,000,000 per occurrence/\$5,000,000 aggregate | \$ |

B. SELECT THE ENDORSEMENT LICENSING BOARD COVERAGE (optional, check one only)

| | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Increase from \$35,000 covered by the base policy to \$50,000 (\$50 per year) | \$ |
| <input type="checkbox"/> | Increase from \$35,000 covered by the base policy to \$75,000 (\$75 per year) | \$ |
| <input type="checkbox"/> | Increase from \$35,000 covered by the base policy to \$100,000 (\$100 per year) | \$ |

C. SELECT ENDORSEMENTS (optional, check as many as you like and enter amount in last column)

| | | |
|--------------------------|--|-----------|
| <input type="checkbox"/> | Canine Coverage up to policy limits (\$35 per year) | \$ |
| <input type="checkbox"/> | Equine Coverage up to policy limits (\$50 per year) | \$ |
| <input type="checkbox"/> | Divorce Litigation Coverage (Limit of \$15,000/\$15,000) (\$99 per year) | \$ |
| <input type="checkbox"/> | Third-Party Data Breach (Limit of \$5,000/\$12,000 per year) (\$59 per year) | \$ |
| | Total Endorsement Premium: | \$ |

D. TOTAL POLICY PREMIUM

| | |
|---|-----------|
| A. Selected Coverage Limits | \$ |
| B. Endorsement Licensing Board Coverage | \$ |
| C. Selected/Optional Endorsements | \$ |
| Total Policy Premium: | \$ |

Payment Information

Payment Method: Check Credit Card

Total Amount:

If Paying by Check Please Provide (make check payable to: NASW RISK RETENTION GROUP)

If Paying by Credit Card Please Provide

Name on Credit Card:

Exp. Date:

Credit Card Number:

Security Code:

Please enroll me in the Annual Automatic Withdrawal service with my checking account or credit card.

Attest & Authenticate

The applicant declares the information contained in the application is true and that no materials facts have been suppressed or misstated. The applicant understands that incorrect information could void the insurance coverage. Submitting this application does not bind the undersigned to purchase this insurance, nor does the review of the application bind the insurance company to issue a policy. It is agreed that this application shall be the basis of the contract should a policy be issued.

Any person who, knowingly and with intent to defraud any insurance company or 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. I have read/acknowledge the coverage information in this application.

Signature of Applicant

Today's Date

Desired Policy Effective Date

Behavioral & Allied Health Occupations

Rates by Limits • Employed

| Occupation | \$1M/\$3M | \$1M/\$5M | \$2M/\$4M | \$3M/\$5M* |
|--|-----------|-----------|-----------|------------|
| Aerobics Instructor | \$247 | \$296 | \$346 | \$371 |
| Art Therapist | \$93 | \$112 | \$130 | \$140 |
| Athletic Trainer | \$185 | \$222 | \$259 | \$278 |
| Audiologist | \$133 | \$160 | \$186 | \$200 |
| Behavior Consultant | \$115 | \$138 | \$161 | \$173 |
| Behavior Specialist | \$115 | \$138 | \$161 | \$173 |
| Behavior Technician | \$115 | \$138 | \$161 | \$173 |
| Behavior Therapist | \$115 | \$138 | \$161 | \$173 |
| Board Certified Assistant Behavior Analyst (BCaBA) | \$135 | \$162 | \$189 | \$203 |
| Board Certified Behavior Analyst (BCBA) | \$135 | \$162 | \$189 | \$203 |
| Certified Case Manager | \$102 | \$122 | \$143 | \$153 |
| Certified Rehabilitation Professional | \$169 | \$203 | \$237 | \$254 |
| Counselor/Counseling Professional | \$300 | \$360 | \$420 | \$450 |
| Dance Therapist | \$91 | \$109 | \$127 | \$137 |
| Exercise Physiologist | \$142 | \$170 | \$199 | \$213 |
| Fitness Professional | \$173 | \$208 | \$242 | \$260 |
| Group Fitness Instructor | \$260 | \$312 | \$364 | \$390 |
| Health and Wellness Educator/Counselor | \$135 | \$162 | \$189 | \$203 |
| Heller Worker or Rolfer | \$149 | \$179 | \$209 | \$224 |
| Kinesio Therapist | \$122 | \$146 | \$171 | \$183 |
| Kinesiologist | \$122 | \$146 | \$171 | \$183 |
| Licensed Assistant Behavior Analyst | \$115 | \$138 | \$161 | \$173 |
| Licensed Behavior Analyst | \$115 | \$138 | \$161 | \$173 |
| Licensed Clinical Professional Counselor (LCPC) | \$276 | \$331 | \$386 | \$414 |
| Licensed Marriage and Family Therapist (LMFT) | \$182 | \$218 | \$255 | \$273 |
| Licensed Professional Clinical Counselor (LPCC) | \$276 | \$331 | \$386 | \$414 |
| Licensed Professional Counselor (LPC) | \$276 | \$331 | \$386 | \$414 |
| Licensed/Certified School Counselor | \$133 | \$160 | \$186 | \$200 |
| Life Coach | \$120 | \$144 | \$168 | \$180 |
| Massage Therapist | \$191 | \$229 | \$267 | \$287 |
| Mental Health Services Professional | \$333 | \$400 | \$466 | \$500 |
| Music Therapist | \$82 | \$98 | \$115 | \$123 |
| Nutritionist and Dietitian Professional | \$102 | \$122 | \$143 | \$153 |
| Occupational Therapist | \$75 | \$90 | \$105 | \$113 |
| Optician | \$300 | \$360 | \$420 | \$450 |
| Personal Training Professional (Health & Fitness) | \$185 | \$222 | \$259 | \$278 |
| Pilates Instructor | \$213 | \$256 | \$298 | \$320 |
| Professional Clinical Counselor Intern | \$300 | \$360 | \$420 | \$450 |
| Provisional Licensed Professional Counselor | \$300 | \$360 | \$420 | \$450 |

* Coverage limits \$3M/\$5M available to Virginia residents only.

Behavioral & Allied Health Occupations

Rates by Limits • Employed

| Occupation | \$1M/\$3M | \$1M/\$5M | \$2M/\$4M | \$3M/\$5M* |
|---|-----------|-----------|-----------|------------|
| Psychologist or related Psychology Professional | \$413 | \$496 | \$578 | \$620 |
| Recreational Therapist | \$98 | \$118 | \$137 | \$147 |
| Rehabilitation Therapist | \$164 | \$197 | \$230 | \$246 |
| Social Work Services | \$275 | \$330 | \$385 | \$413 |
| Speech Therapist | \$125 | \$150 | \$175 | \$188 |
| Sports Medicine Instructor | \$142 | \$170 | \$199 | \$213 |
| Sports Medicine Therapist | \$147 | \$176 | \$206 | \$221 |
| Structural Body Worker | \$171 | \$205 | \$239 | \$257 |
| Student: Behavior Analysis | \$47 | \$56 | \$66 | \$71 |
| Student: Health | \$29 | \$35 | \$41 | \$44 |
| Student: Massage Therapy | \$102 | \$122 | \$143 | \$153 |
| Student: Mental Health | \$180 | \$216 | \$252 | \$270 |
| Substance Abuse Counselor | \$129 | \$155 | \$181 | \$194 |
| Yoga Instructor | \$213 | \$256 | \$298 | \$320 |
| Yoga Therapist | \$213 | \$256 | \$298 | \$320 |

* Coverage limits \$3M/\$5M available to Virginia residents only.