



# Allied Healthcare Professional Liability and General Liability:

## SOCIAL WORKER SUPPLEMENTAL APPLICATION

1. Name of applicant: \_\_\_\_\_

2. Please provide a detailed description of services provided: \_\_\_\_\_

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

3. Does applicant provide services involving public safety or health?  Yes  No

4. Does applicant provide healthcare advocacy services (i.e. assisting clients in getting medical treatment/medical services)?  Yes  No

5. Does applicant provide services related to emergency preparedness/disaster response/epidemic or pandemic response?  Yes  No

6. Does applicant provide suicide counseling or provide crisis hotline services?  Yes  No

7. Does applicant follow formal guidelines for referring clients/patients to specialists when appropriate?  Yes  No

8. Does the applicant provide services pertaining to the following?  Yes  No

Abortion  Yes  No Foster care  Yes  No

Adoption arrangement/screening  Yes  No Obtain legal or financial services for clients  Yes  No

Child abuse/spousal/domestic abuse  Yes  No Monitoring elderly/child care on behalf of families  Yes  No

Child protective services/child welfare  Yes  No Organ transplants  Yes  No

Communicable diseases  Yes  No Pregnancy (minors)  Yes  No

Crisis intervention  Yes  No Violence prevention  Yes  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 \_\_\_\_\_