

Counsellors & Social Workers Professional Liability Application

Applicant Information

1. Name: _____
2. Mailing Address: _____
3. Location of branch office(s): _____
4. Phone: _____ Email: _____
5. Date established: _____ Website: _____

Requested Limit & Deductible

1. Limit: _____ Deductible: _____

Business Activities & Financial Information

1. Last completed fiscal year is from: _____ to: _____
2. Gross annual revenue:
 Past year: _____ Est. for current year: _____ Est. for next year: _____
3. Percentage annual revenue from:
 Canada: _____ % US: _____ % Other* (specify): _____ %
*Including services provided outside of Canada and revenue earned from clients domiciled outside Canada.
4. What percentage of services are provided to:
 Children (12 & under): _____ % Youth (13-17): _____ % Adults (18+ years): _____ %
5. Percentage of revenue derived from services that are provided by independent contractors: _____ %

Professional Practice

1. Complete the following for any person(s) providing professional services on behalf of the Applicant (if additional space is required attach a separate sheet).

Name	Title	Degree/Diploma	Years of relevant experience

2. Total number of:

Professional employees: _____ Independent contractors: _____ Administrative: _____

3. Does the Applicant require all independent contractors to carry their own Professional Liability policy with a limit of at least \$1,000,000? ☐ Yes ☐ No ☐ N/A

4. For what percentage of services provided is a standard written contract in place? _____ %

5. Does the Applicant provide services that could be considered conversion therapy? ☐ Yes ☐ No

6. In consideration of the revenue specified in question 3 of the previous section, complete the following table describing each service and indicate the approximate percentage of revenue derived from each.

Description of services (couples, addictions, stress, career counselling, etc.) and which services are provided by employees, independent contractors, or both.	% (total must be 100%)
	%
	%
	%
	%
	%

7. Are social work services provided? ☐ Yes ☐ No

If **yes**, does the Applicant:

a) perform at-home assessments? ☐ Yes ☐ No

b) advise/determine whether children/youth should be removed from the home? ☐ Yes ☐ No

c) remove children/youth from the home? ☐ Yes ☐ No

d) place children/youth in relief care and/or foster care? ☐ Yes ☐ No

Prior Insurance & Claims

1. During the last five years, has the Applicant carried professional liability insurance? ☐ Yes ☐ No

If **yes**, please complete the following for all previous insurance:

Name of Insurer	Limit	Deductible	Expiry Date	Premium

2. What was the first date on which the Applicant purchased continuous claims-made coverage? _____

3. During the past five years, has any insurer ever cancelled, declined, or refused to renew the Applicant's or any previous organization's or partnership's professional liability insurance? ☐ Yes ☐ No

If **yes**, list each insurer and the reason(s) given for the cancellation, declination, or non-renewal:

i. _____

ii. _____

iii. _____

Risk Information

1. Does the Applicant carry all licenses and permits required by law? ☐ Yes ☐ No
2. Does the Applicant follow all applicable health authority rules and regulations? ☐ Yes ☐ No
3. Does the Applicant (or company the applicant works on behalf of) obtain signed/dated consent and waiver forms, including from guardians for service to minors/elderly/those with special needs? ☐ Yes ☐ No
4. Does the Applicant obtain/inquire about pre-service medical history from customers? ☐ Yes ☐ No
5. Does the Applicant retain all client records, and will continue to retain them for at least a period of 7 years? ☐ Yes ☐ No
6. Does the Applicant abide by all required privacy laws and regulations? ☐ Yes ☐ No
7. Does the Applicant ensure all practitioners have appropriate training in the services provided? ☐ Yes ☐ No

Prior Knowledge & Activities

1. In the past three years:
Has any claim been made against any person or entity proposed for coverage under this insurance arising out of the performance of, or failure to perform, professional services? ☐ Yes ☐ No
Has any person or entity proposed for coverage under this insurance given notice of any fact, circumstance, situation, transaction, event, act, error, or omission under any policy of which the requested coverages would be a direct or indirect replacement? ☐ Yes ☐ No
Has any person or entity proposed for coverage under this insurance had their professional license revoked, suspended, been formally reprimanded, or been the subject of a disciplinary action? ☐ Yes ☐ No
If yes to any of the above, please submit all details.
2. Is any person or entity proposed for coverage under this insurance aware of any fact, circumstance, situation, transaction, event, act, error or omission which could reasonably be expected to give rise to a claim that may fall within the scope of the proposed insurance? ☐ Yes ☐ No
If yes to the above, please submit all details.

It is understood and agreed that if any person or entity proposed for coverage under this insurance has any knowledge of any such claims, facts, circumstances, situation, transactions, events, acts, errors or omissions, license revocations or suspensions, reprimands or disciplinary actions, whether or not disclosed in the above questions, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under the proposed insurance.

Declaration

I/we declare that to the best of my/our knowledge and belief the answers given on this application whether by me/us or on my/our behalf are complete and true and that I/we have not withheld any material information.

I/we will undertake to inform Agile of any material alteration to these facts occurring before completion of the contract.

I/we agree this application, together with any other material information supplied, will form the basis of any contract of insurance.

If this application has been completed on my/our behalf by a third party, I/we agree that the third party is deemed to be my/our agent and not an agent for the Insurer and I/we have read the information provided before signing the form.

Applicant's Signature	Date
Company Name (if applicable)	Title/Position (if applicable)

Broker Information

Company Name: _____ Website: _____
Address: _____
Phone Number: _____ Fax Number: _____
Broker's Name: _____ Email: _____

Broker's Signature	Date
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