

**THERAPIST & COUNSELOR INSURANCE APPLICATION
CARE ASSOCIATION**

**GENERAL AND PROFESSIONAL LIABILITY APPLICATION
Application Valid from 03/01/2012 through 03/01/2013**

Section 1

Name of Applicant ("You"): _____

Trade Name (If Applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Years of Experience: _____ Email: _____

Please list any additional office locations on an attached sheet. Check here if there are locations attached

Section 2: Underwriting Questions (Check all that apply)

BEHAVIOR THERAPIST

SPECIAL EDUCATION SPECIALIST

OCCUPATIONAL THERAPIST

COGNITIVE THERAPIST

SPEECH THERAPIST

REHABILITATION COUNSELOR

EARLY INTERVENTION SPECIALIST

MUSIC THERAPIST

ART THERAPIST

Other: _____

Do you currently have Professional Liability/Malpractice coverage(s) in place? Yes: ____ No: ____

If yes: Carrier: _____ Limit: _____ Coverage Dates: _____

Are you currently licensed and/or certified and in good standing in the state for the professions listed above?

Yes: ____ No: ____

Have you ever been expelled from a professional association or been convicted of a felony? Yes: ____ No: ____

If yes please explain: _____

Has Professional Malpractice ever been alleged against you? Yes: ____ No: ____

If yes please explain: _____

Are you currently contracted with a Community Centered Board, Service Provider Organization or other placement agency? Yes: ____ No: ____

Approximate annual revenues attributable to your professional services: \$ _____

Have you ever been refused coverage for professional liability or malpractice or has your malpractice of professional liability insurance ever been cancelled or declined for renewal (non-renewal)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any claim or suit ever been brought against you for alleged malpractice or professional liability, or are you aware of any incident or existing circumstances that might reasonably lead to a claim or a suit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had your license, certification or registration suspended, revoked, or placed on probation by a licensing board of examiners, or any other governmental entity that regulates your profession? Have you ever received a citation or paid a fine as a result of a board proceeding? Have you ever surrendered, either voluntarily or otherwise, your license, certification, or registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Have you ever been accused of sexual misconduct or any professional impropriety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any complaints ever been filed against you with a peer review committee or an ethics committee of a professional association, hospital, health care facility, licensing board, or any other governmental or private entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know of any reason why you cannot comply with the legal, ethical, or professional standards set by law, by regulation, by a peer review committee or by an applicable code of ethics in any jurisdiction where you provide services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PLEASE EXPLAIN ANY YES ANSWERS: (Attach additional pages if necessary)		

****PREMIUM INCLUDES TAXES AND FEES****

General & Professional Liability Insurance Total Premium Due: \$275.00
 \$1,000,000 Per Occurrence LimitIncluded
 \$5,000,000 Aggregate LimitIncluded

THE APPLICANT DECLARES THE ABOVE STATEMENTS AND REPRESENTATIONS ARE TRUE AND CORRECT AND THAT NO FACTS HAVE BEEN SUPPRESSED OR MISSTATED. THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO SELL NOR THE APPLICANT TO PURCHASE THIS INSURANCE, BUT ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPEPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE POLICY.

FURTHERMORE, THE APPLICANT UNDERSTANDS THAT ANY COVERAGE PROVIDED BY THE COMPANY WILL BE PART OF A MASTER INSURANCE PROGRAM WITH A \$1,000,000 LIMIT OF LIABILITY PER CLAIM AND A MAXIMUM POLICY AGGREGATE LIMIT OF \$5,000,000 (Effective 3/1/2012 – 3/1/2013). THEREFORE, IT IS POSSIBLE THAT CLAIMS ASSOCIATED WITH OTHER CARE PROVIDERS MAY PARTIALLY REDUCE OR ENTIRELY ELIMINATE LIMITS OF LIABILITY AVAILABLE TO YOU. IT IS AGREED THAT SUCH COVERAGE AS IS AFFORDED BY SECTION 102(1) OF THE TERRORISM RISK INSURANCE ACT OF 2002 IS INCLUDED FOR NO PREMIUM CHARGED.

APPLICANT HAS READ AND UNDERSTANDS THE ABOVE INFORMATION AND REALIZES THERE WILL BE NO CANCELLATION REFUNDS

APPLICANT SIGNATURE: _____ DATE: _____

PAYMENT OPTIONS

You may complete your application for **RENEWAL ONLINE** at www.careassociation.net, credit or debit cards are accepted. If you need assistance with online applications please contact our office at 303-333-0375. If you are submitting your application via mail please attached a **CHECK OR MONEY ORDER** made payable to **CARE Association**. Any returned checks will be assessed at \$25.00 charge plus the premium payment. **NO CANCELLATION REFUNDS** will be issued should contracts change mid-year. All applicants must be approved prior to binding coverage. Certificates of Insurance will be issued upon approval. If approval is denied, your payment will be returned to you within 15 days of denial.