

4S

- \$250,000 each / \$500,000 annual aggregate
- \$1,000,000 each / \$1,000,000 annual aggregate
- \$1,000,000 each / \$3,000,000 annual aggregate

Notice: The policy provides that the limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for legal defense. Further note that the amounts incurred for legal defense shall be applied against the deductible amount. If a policy is issued, it will be on a claims-made basis.

1. Name _____ E-mail: _____
 Address _____ Daytime Phone No. (____) _____
 City _____ State _____ ZIP _____
 I am applying as a(n): ☐ Individual ☐ Corporation ☐ Partnership ☐ Other _____

2. Deductible (Each wrongful act or series of continuous, repeated or interrelated wrongful acts):

\$250	\$500	\$1,000
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3. Please provide a description of the educational activities for which coverage is desired: _____

(Attach brochure if available or attach separate sheet if needed.)

4. Please list educational qualifications (degrees, certifications, licenses) that enable the applicant to provide the educational activities listed in question No. 3: _____

5. Is the applicant employed by, or affiliated with, any school, school district or any other institution from which he/she receives compensation?..... Yes No

If yes, please explain: _____

6. How long has applicant been providing education services independently? _____
If less than 12 months, please attach a resumé.

7. Please list prior work experiences: _____

8. What professional associations does applicant belong to? _____

9. A) What is the average class size? (if applicable) _____
 B) Total number of students per year: _____
 C) Give annual revenues for private practice duties for last year: _____ current year (estimated): _____

10. Does the applicant have any employees, independent contractors or assistants, other than clerical? Yes No
If yes, provide a list and description of the duties of each.

[illegible]

Total the number of employed staff (except clerical), including yourself: _____

11.

Has any person named in this application ever had any licensing board or professional ethics body require the surrender of his/her license or been found guilty of violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country?n Yes No

If yes, please give the full particulars in order for your application to be considered: _____

12.

Are there any complaints or charges pending against any person named in this application by any licensing board or professional ethics body for violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country?n Yes n No

If yes, please explain: _____

13.

Is any person named in this application a salaried employee of any organization other than the applicant’s firm or do you own, partially own, manage or exercise any form of fiduciary control over any business enterprise?.....n Yes n No

If yes, please explain: _____

14.

Has the applicant ever had professional liability coverage?.....n Yes n No

If yes, please list:

Name of Carrier _____

Limits of Liability _____

Premium _____ Expiration Date _____
15.

Has any professional liability claim or suit ever been made against any person named in this application, his/her predecessors in business or against any past or present partners?.....n Yes n No

If yes, please give the full particulars in order for your application to be considered: _____

16.

Are there any circumstances of which any person named in this application is aware that may result in any claim or suit being made against any person named in this application, his/her predecessors in business or against any past or present partner?...n Yes n No

If yes, please give the full particulars in order for your application to be considered: _____

This application does not bind the applicant or the Company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to, and made a part of, the policy. The undersigned applicant declares that to the best of his/her knowledge the statements set forth herein are true. The applicant further declares that, if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the Company.

Applicant’s Signature _____ Date _____

Title (if any) _____

New York Applicants — please read further

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

If a policy is issued, New York Insurance Department regulations require that this signed statement be attached to the policy.

The Insured hereby acknowledges that he/she is aware that the limit of liability obtained in the policy shall be reduced, and may be completely exhausted, by the costs of legal defense, and in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of the policy.

The Insured hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the deductible amounts.

Insured _____ Date _____

Any questions? Please call toll free (800) 821-7303, Ext. 266

Please complete this form and all appropriate accompanying forms, print (pages 1 and 2 on 8 1/2 by 14) and mail with your check (made payable to D.G. Kocher, Agent/Broker) to: **D.G. Kocher, Agent/Broker**
c/o Forrest T. Jones & Co.
P.O. Box 418131
Kansas City, MO 64141-9131

Part-time Private Practice Supplemental Questionnaire

Please complete the answers below, print, sign and include with your application. If you would prefer to complete manually, please print out, then type or print all answers in ink.

17. Does any person named in this application render part-time private practice psychological or counseling services more than an average of 15 hours in any week or more than an average of 750 hours a year (calculated as 50 weeks times 15 hours a week)? Yes No

If yes to either part of the preceding question, please explain the number of hours devoted to your part-time private practice:

This application does not bind the applicant or the Company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The undersigned applicant declares that, to the best of his or her knowledge, the statements set forth herein are true. The applicant further declares that, if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the Company.

Applicant's signature _____ Date _____
Title (if any) _____

New York Applicants - Please Read Further

New York applicants, please read the following statement carefully and sign below where indicated. If a policy is issued, New York Insurance Department regulations require that this signed statement be attached to the policy:

The insured hereby acknowledges that he or she is aware that the limit of liability contained in the policy shall be reduced, and may be completely exhausted, by the costs of legal defense and in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of the policy.

The insured hereby further acknowledges that he or she is aware that legal defense costs that are incurred shall be applied against the deductible amounts.

Insured: _____ Date _____

PL 25 38 PL 07 95

Please complete the answers above, print, sign and include with your application. If you would prefer to complete manually, please print out, then type or print all answers in ink. (Page 3) Please continue to page 4.

PRIVATE PRACTICE ADDITIONAL INFORMATION PAGE

Insured's Name: _____

ADDITIONAL INSURED COVERAGE – \$100 ANNUAL EACH ADDITIONAL INSURED

If you have an additional insured for professional liability coverage, we will need:

- Copy of Contract
- Additional Insured Name: _____
- Address of Additional Insured: _____

And/or faxed Attention of: _____
Fax #: _____

PREMISES LIABILITY COVERAGE – \$100 ANNUAL PREMIUM

YES, please add Premises Liability Coverage to my Private Practice Professional Liability Plan. My enclosed premium check includes the additional \$100 annual premium for this coverage.

If you have an Additional Insured for the Premises Liability coverage, we need:
(No additional charge if Additional Insured is needed on this coverage)

- Copy of Contract
- Additional Insured Name: _____
- Address of Additional Insured: _____

And/or faxed Attention of: _____
Fax #: _____

CERTIFICATE OF INSURANCE

If a Certificate of Insurance **only** is required, there is no charge, but we will need:

- Address of Certificate Holder: _____

And/or faxed Attention of: _____
Fax #: _____

We also will mail the certificate to the person/agency shown as holder and send you a copy.

If more space is needed, please attach a separate sheet of paper with requested information.

Please complete the information above, print, sign and include with your application. If you would prefer to complete manually, please print out, then type or print all answers in ink.