Social Service Contractors Indemnity Pool

PROFESSIONAL LIABILITY/SEXUAL ABUSE & MOLESTATION APPLICATION

1. Address:

2. Retro Date (For Professional Coverage Only):
If retro date is other than effective date, please provide "no known loss" letter and current loss run.

3. Has the State of Arizona inspected your facility within the last three (3) years? ☐ Yes ☐No
If yes, results of inspection:

4. Describe operations associated with your Agency:

		Employees		Volunteers		Independent Contractor		Registry	
		FT	PT	FT	PT	FT	PT	FT	PT
A.	RNs/LPNs								
B.	MDs								
C.	Psychiatrists								
D.	Dentists								
E.	Psychologists								
F.	Physician's Assistants								
G.	Social Workers								
H.	Licensed Nurse Practitioners								
I.	Therapists-Physical, Speech, Hearing								
J.	Other Professionals List:								
K.	Remaining Staff (Does not include admin/clerical)								

5. If Applicant uses Independent Contractors or Registry Providers, does Applicant verify they carry same coverage & limits and are certificates of insurance obtained each year?
☐ Yes ☐ No If no, please provide details:

6. Is a medical doctor on staff overseeing outpatient services? ☐ Yes ☐ No

7. Is there a pre-employment background check for all employees/volunteers/independent contractors?
☐ Yes ☐ No If yes, ☐ in writing ☐ by phone

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8. Mark those items included in the pre-employment check

Personal References	☐	Law Enforcement Agencies Check	☐
Educational Verification	☐	If applicable, appropriate licensing with no violations	☐

9. Total number of clients services annually:

10. Age group of clients services:

11. Is counseling/evaluations provided for sex offenders? ☐ Yes ☐ No
If yes, what % of your total number of clients are sex offenders?

12. Has the Agency or any of its employees ever been reprimanded by, refused admission, or suspended by any court, association or administration agency? ☐ Yes ☐ No
If yes, explain in detail _____

_____

13. Do any employees dispense medication? ☐ Yes ☐ No
If yes, describe

_____

14. Describe medical record keeping system

_____

_____

15. Is the agency aware of any circumstances which may result in any claim being made against the agency, its predecessors in business, or any of its present/past officers or employees? ☐ Yes ☐ No
If yes, explain in detail

_____

_____

16. Have any claims or suits been made during the past five (5) years against the agency, its officers or any of its employees, or to the knowledge of the agency, against any past employees? ☐Yes ☐No
If yes, explain in detail

_____

_____

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17. Has any similar insurance for the agency, present officers, or employees ever been canceled?
☐ Yes ☐ No
If yes, explain

_____

18. Has there ever been incident(s) of physical or sexual abuse arising in connection with your premises or operations? ☐ Yes ☐ No
If yes, explain

_____

19. Has there ever been any investigation of your operations by any public authority relating to sexual or physical abuse? ☐ Yes ☐ No
If yes, explain

_____

20. Prior Insurance Carrier _____