

**SOCIAL SERVICE  
PROFESSIONAL LIABILITY  
Supplemental Application**

Applicant Name: \_\_\_\_\_

To properly rate the coverage, include anyone who provides professional social services.  
Note: report psychologists and psychiatrists separately.

Type	Total Number of Social Service Providers
Non-Degreed	
Degreed	
Psychologist	
Psychiatrist	

1. Has your license to operate or the license or certificate of anyone shown above ever been suspended or revoked?  Yes  No Any fines or citations for violations?  Yes  No **If yes, provide details, including any fines, citations or violations.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever been subject to a hearing regarding your services or operations or are you now under review?  Yes  No **If yes, provide details.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Average number of cases handled by the organization per year \_\_\_\_\_.

4. Do you dispense drugs or other medications?  Yes  No

5. Do you have an employee or volunteer who prescribes medications to your clients?  Yes  No **If yes, this employee or volunteer should carry his or her own malpractice coverage.**

**Notice: The policy for which you are applying is issued by a risk retention group. The risk retention group may not be subject to all of the insurance laws and regulations of your state of domicile. State insurance insolvency guaranty funds are not available for risk retention groups.**