



CARRIER:

United States Liability Insurance Company

Allied Health Care Product – Social Worker

1. Name of applicant: _____

2. Please provide a detailed description of services provided:

If you answer "Yes" to any of the questions below, please provide details in the spaces provided.

3. Does the applicant provide services to minors? Yes No

If "Yes," please provide percentages for the following age groups:

0–6 years of age: _____% 7–18 years of age: _____%

4. Does the applicant provide health care advocacy services (e.g., assisting clients in getting medical treatment/medical services)? Yes No

5. Does the applicant provide services related to emergency preparedness/disaster response/epidemic or pandemic response? Yes No

6. Does the applicant provide suicide counseling or crisis hotline services? Yes No

7. Does the applicant provide services pertaining to the following?

- Abortion
- Adoption arrangement/screening
- Art therapy
- Child/Spousal/Domestic abuse
- Child protective services/Welfare
- Communicable diseases
- Crisis intervention
- Foster care
- Obtain legal or financial services for clients
- Organ transplants
- Monitoring elderly/children on behalf of families
- Pregnancy (minors)
- Violence prevention

If "Yes," please provide details: _____

This supplemental application is incorporated into and is deemed a part of the other application(s) submitted in connection with the requested insurance. Any and all notices and representations included in such other application(s) are incorporated by reference in this supplemental application as though fully set forth herein.

Applicant's signature _____ Title _____ Date: _____
(Principal, Partner or Officer)

Print name _____

Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)