

SOCIAL WORKERS PROFESSIONAL LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS. IF NOT APPLICABLE, PLEASE INDICATE.

1. NAME OF ORGANIZATION: _____

2. EXPLAIN SERVICES OFFERED AND COUNSELING ACTIVITIES: _____

3. IF ANY OF THE FOLLOWING SERVICES ARE OFFERED THE COMPANY MAY REQUIRE FURTHER INFORMATION:

ALCOHOLISM/DRUG _____

COUNSELING SERVICES PROVIDED TO:

PSYCHOTIC, SCHIZOPHRENIC
AND MANIC DEPRESSIVE INDIVIDUALS _____

SUICIDE PREVENTION _____

FOSTER CARE/ADOPTIONS _____

CHILD PLACEMENT _____

COUNSELING SERVICES PROVIDED TO:

SEXUAL/PHYSICAL ABUSERS _____

4. LIST THE NUMBER OF EMPLOYED INDIVIDUALS BY DEGREE

<u>DEGREE</u>	<u>FULL TIME NUMBER OF INDIVIDUALS</u>	<u>PART TIME NUMBER OF INDIVIDUALS (WORKING LESS THAN 15 HOURS PER WEEK)</u>
DOCTORS (NO MD'S)	_____	_____
MASTER'S	_____	_____
BACHELOR'S/ASSOCIATE'S	_____	_____
OTHER PROFESSIONALLY TRAINED SOCIAL WORKERS	_____	_____

5. ARE ANY SERVICES PROVIDED UNDER CONTRACT BY SOCIAL WORKERS WHO ARE NOT YOUR EMPLOYEES? YES ___ / NO ___

IF YES, DO YOU VERIFY THE FOLLOWING:

CERTIFICATE OF INSURANCE: _____

COPY OF MEDICAL PROFESSIONAL INSURANCE POLICY: _____

LIMIT OF LIABILITY: _____

STATE LICENSE: _____

BOARD CERTIFICATE: _____

6. THE AGENCY IS LICENSED OR CERTIFIED BY: _____
(IF NOT, EXPLAIN) _____

7. IS A COPY OF ALL INDIVIDUAL SOCIAL WORKERS' LICENSES HELD ON FILE BY THE AGENCY? YES ___ / NO ___

ARE PROCEDURES IN PLACE TO VERIFY THAT CURRENT LICENSES ARE MAINTAINED? YES ___ / NO ___

8. WHAT IS THE AVERAGE CASELOAD OF AN INDIVIDUAL SOCIAL WORKER? _____

9. HOW OFTEN ARE SOCIAL WORKERS' CASES REVIEWED BY SUPERVISORS? _____

10. HAS THE AGENCY OR ANY OF ITS EMPLOYEES EVER BEEN REPRIMANDED BY OR REFUSED ADMISSION OR SUSPENDED BEFORE ANY COURT, ASSOCIATION ADMINISTRATIVE AGENCY? YES ___ / NO ___

EXPLAIN: _____

11. 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 OR PAST OFFICERS OR EMPLOYEES? YES ___ / NO ___

EXPLAIN: _____

12. HAVE ANY CLAIMS OR SUITS BEEN MADE DURING THE PAST FIVE YEARS AGAINST THE AGENCY, ITS OFFICERS OR ANY OF ITS EMPLOYEES OR, TO THE KNOWLEDGE OF THE AGENCY, AGAINST ANY PAST EMPLOYEES? YES ___ / NO ___

EXPLAIN: _____

13. HAS ANY SIMILAR INSURANCE FOR THE AGENCY, PRESENT OFFICERS OR EMPLOYEES EVER BEEN CANCELED? YES ___ / NO ___

EXPLAIN: _____

14. PRIOR INSURANCE CARRIER: _____
CLAIMS MADE / OCCURRENCE (PLEASE CIRCLE)

THE UNDERSIGNED STATES THAT ALL OF THE FOREGOING IS TRUE TO THE BEST KNOWLEDGE AND BELIEF AND THAT THE AGENCY ADHERES TO THE N.A.S.W. CODE OF ETHICS.

APPLICANT SIGNATURE: _____

DATE: _____