



# PROFESSIONAL LIABILITY QUESTIONNAIRE

Name of organization: \_\_\_\_\_

Website address (URL): www. \_\_\_\_\_

1. This organization is licensed or certified by: \_\_\_\_\_

2. Type of license: \_\_\_\_\_

3. Does your organization provide medical or social detoxification services (services to assist or supervise clients during the physical withdrawal period)? YES  NO

4. Do you employ any medical doctors, psychiatrists, nurse practitioners or dentists? YES  NO   
If yes, how many are employed? \_\_\_\_\_

5. Do you maintain copies of licenses for all employed professionals that are required to be licensed? YES  NO

If yes, are procedures in place to verify current licenses are maintained? YES  NO

6. Are services provided under contract by professionals who are not your employees? YES  NO

If yes,  
a. What services are provided by independent contractors?  
\_\_\_\_\_

b. Do you maintain a copy of current certificate of insurance and state license? YES  NO

7. Has any agency employee ever been reprimanded, refused admission or suspended by any association or administrative agency? YES  NO

8. Has the agency's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency? YES  NO

9. As respects professional liability coverage, is the agency aware of any circumstances that may result in a claim being made or any claims or suits which have been made during the past five years against your organization or any individual to be covered by this policy? YES  NO

Explain any "yes" answers to questions 7-9 in this section:  
\_\_\_\_\_  
\_\_\_\_\_

10. Prior professional liability insurance carrier: \_\_\_\_\_

11. Type of coverage:  Claims Made  Occurrence

12. Type of coverage desired:
- No trained or licensed professionals employed--**complete section I**
  - Employed trained professionals provide counseling or life skills training--**complete section II**
  - Employed trained professionals provide referrals, no direct services--**complete section III**
  - Employed trained professionals provide medical or therapeutic services--**complete section IV**
  - Employees of educational institutions, including daycares and schools--**complete section V**

## I. MISCELLANEOUS LIABILITY:

**\*This coverage is not available if you have employed professionals.**

Coverage provided for offering of advice, guidance or other services that is provided by trained non-professionals.

13. Describe miscellaneous services provided: \_\_\_\_\_

14. Number of employees: \_\_\_\_\_

**II. SOCIAL WORKER'S COUNSELORS' PROFESSIONAL LIABILITY:**

Coverage provided for consultation or communication where an insured offers advice, guidance and other services provided by trained professionals. **This coverage is not available if you have employed medical doctors, psychiatrists or nurse practitioners.**

15. List the number of employed professionals by degree who provide counseling services

Degree	Full-time	Part-time (less than 15 hrs/wk)
Non-medical doctors (PHD)		
Masters		
Bachelors/Associates		
Other professionally trained employees		

16. Indicate all applicable services:

- Foster Placements and/or Adoptions
  Group Counseling  
 Counseling for Perpetrators of Non-Violent Crimes
  One-On-One Counseling  
 Counseling for Perpetrators of Violent or Sexual Crimes
  Life Skills Training  
 Other: \_\_\_\_\_

**III. INSTITUTIONAL PROFESSIONAL LIABILITY:**

Coverage provided for your agency for client referrals for counseling, therapy, evaluation or medical services to clients by non-employed or independent contracted professionals for purposes of program participation, program placement or ongoing evaluation.

17. Does your agency provide services other than referrals? YES  NO

18. Provide the following information:

Position	Annual number of referrals	Annual number of clients referred
Mental Health		
Medical		
Therapy		
Non-Medical		

19. If health care referrals are provided, do you verify the following information for each healthcare provider on an annual basis?

- a. Certificate of Insurance? YES  NO   
 b. State License if applicable YES  NO

20. Is there a written service or referral agreement between your organization and medical professionals or health care providers? YES  NO   
**If yes,** is there a hold harmless or indemnification agreement in your favor? YES  NO

21. Does your agency require the service provider name you as an "additional insured" under the provider's policy? YES  NO

22. How are ongoing activities of service providers monitored? \_\_\_\_\_  
 \_\_\_\_\_  
 Are files maintained documenting this process? YES  NO

23. Has your agency ever been named as a defendant in any suit involving the activities of a subcontracted service provider? YES  NO   
**If yes,** explain: \_\_\_\_\_  
 \_\_\_\_\_

**IV. HEALTH CARE SERVICES LIABILITY:**

**\*This coverage is not available if you have employed medical doctors.**

Coverage provided for liability arising out of rendering of or failure to render health care services.

24. Do you offer any services specifically designed for individuals with infectious or contagious diseases? YES  NO   
**If yes,** explain: \_\_\_\_\_  
 \_\_\_\_\_

25. Describe the health care services provided by the organization: \_\_\_\_\_

26. Indicate all services applicable:

- Any invasive procedure
  Psychiatric Shock Therapy  
 Catheterization
  Obstetrical/Gynecological  
 Feeding Tube Maintenance
  X-rays  
 Any procedures not supported by the American Medical Association (procedures that are experimental, are not used as prescribed by the AMA or are unsupported by AMA accepted clinical research)  
 Alternative or Complementary Medical practices (e.g. Acupuncture, Chiropractic, Homeopathy, Massage, Mental Healing, Naturopathy, etc.)  
 Explain any services indicated: \_\_\_\_\_

27. List the number of employed medical professionals:

Position	Full-time or Part-Time
RN	
LPN / CNA / Nurse Aides	
Therapists (eg., Speech, Occupational, Physical)	

28. Of the professionals listed in question 28, do any carry their own professional liability insurance? YES  NO   
 If yes, list all individuals and position: \_\_\_\_\_

**IV. EDUCATOR'S PROFESSIONAL LIABILITY:**

Coverage provided for liability arising out of educational instruction, training, career counseling, job placements and/or job referrals and other services consistent with your operations as an education organization.

29. Total number of students: \_\_\_\_\_  
 30. Number of students in each age range: \_\_\_\_\_ 1-4 years \_\_\_\_\_ 5-12 years \_\_\_\_\_ 13-18 years \_\_\_\_\_ 19+years  
 31. List the number of professional educators who desire primary coverage:

Professional Educators	# of Professionals
Classroom Teachers	
Teacher Aids, Student Teachers, Daycare Workers	
Special Education Teachers	
Guidance Counselors, Vocational Counselors, Psychological Counselors	
School Nurse	
Other professionally trained educators (including administrators)	

32. Is the school licensed? YES  NO   
 If no, explain: \_\_\_\_\_  
 33. Are classroom teachers state or board certified? YES  NO   
 If no, explain: \_\_\_\_\_  
 34. Does educational facility have written procedures in place regarding suspension, dismissal & discipline of students? YES  NO   
 If yes, are these procedures reviewed annually with all teachers? YES  NO   
 35. If school has children under age 7 and building was built prior to 1980, has premises been inspected and certified lead free? YES  NO

Completed by: \_\_\_\_\_ Date completed: \_\_\_\_\_