



CARRIER:

United States Liability Insurance Company

Allied Health Care Product – Athletic and Physical Training/Therapist

PLEASE INDICATE ALL SERVICES PROVIDED BY THE APPLICANT:

- Athletic trainers Personal trainers/Fitness instructors Corrective therapists
- Physical therapists Occupational therapists Rehabilitation therapists

1. Name of applicant: _____
2. Does the applicant provide any services involving Thai massage? Yes No
3. Percentage of services provided to minors (3–18 years): _____ %
4. Does any person for whom coverage is sought conduct blood analysis or stress testing services? Yes No
5. Does any person for whom coverage is sought provide integumentary services (wounds/burns) or services to children under three years old? Yes No
6. Does any person for whom coverage is sought work with celebrities, professional athletes, NCAA Division I college athletes or recruits or other high-profile clients? Yes No
If "Yes," what percentage of services are provided for high-profile clients? _____ %
7. If the applicant is an athletic trainer or provides physical therapy services, are these services provided only under a physician's direction? N/A Yes No
If "No," please explain: _____
8. If physical therapy services are provided, are formal policies and procedures followed for assessing quality of care, risk management, infection control and patient safety? N/A Yes No
a. If "Yes," are these policies and procedures reviewed regularly for effectiveness? Yes No
9. Does the applicant provide more than 10% of services in a nursing home or an inpatient hospital setting? Yes No
10. If physical therapy services are provided, does the applicant follow formal policies and procedures for proper documentation of patient/client records and proper communication of clinical information to professionals involved in the treatment of patients/clients? N/A Yes No
11. Does the applicant own or operate a training, therapy or fitness facility? Yes No
a. If "Yes," are safety inspections regularly performed on the facility and all equipment? N/A Yes No
12. If the applicant is a corrective therapist, are all services performed only with a physician's order? N/A Yes No
13. If the applicant provides occupational therapy services, do these services include driver rehabilitation services? N/A Yes No
14. If the applicant provides occupational therapy services, parents or guardians do they require a physician's sign-off before a patient/client returns to work? N/A Yes No
15. If the applicant is a personal trainer, are martial arts or combat training services offered? N/A Yes No
16. Does the applicant require signed informed consent and waiver of liability forms for all patients/clients (parents or guardians signing for minors)? Yes No

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)