



CARRIER:

United States Liability Insurance Company

Allied Health Care Product – Mental Health Counsellor/Therapy Services

1. Name of applicant: _____
2. Please indicate type of counselling services provided:

<input type="checkbox"/> Art therapy	<input type="checkbox"/> Music therapy
<input type="checkbox"/> Dance therapy	<input type="checkbox"/> Pastoral/Faith-based counselling
<input type="checkbox"/> Drama therapy	<input type="checkbox"/> Pet/Animal-assisted therapy
<input type="checkbox"/> Guidance counsellor for schools	<input type="checkbox"/> Recreational therapy
<input type="checkbox"/> Horticultural therapy	<input type="checkbox"/> Wellness counselling
<input type="checkbox"/> Mental health counselling	
<input type="checkbox"/> Other: _____	
3. List primary types of disorders treated: _____
4. Does the applicant provide any form of recovered or repressed memory therapy? Yes No
5. Does the applicant specialize (greater than 25% of services provided is considered specialization) in treatment of any of the following? Yes No

<input type="checkbox"/> Body disorder issues (dysmorphic disorder, cutting, etc.)	<input type="checkbox"/> Sexual abuse (physical abuse)
<input type="checkbox"/> Eating disorder/Obesity (for minors)	<input type="checkbox"/> Suicide counselling
<input type="checkbox"/> Forensic psychologist/Counsellor	<input type="checkbox"/> Sexual offenders
6. Percentage of practice involved with treating minors who are victims of molestation, abuse or violence: _____ %
7. Does the applicant provide a suicide hotline service? Yes No
8. Does the applicant provide perpetrator counselling whether or not the perpetrator is charged with or convicted of a crime? Yes No
9. Does the applicant provide court-appointed evaluations or counselling including counselling of persons on probation or parole? Yes No
10. Does the applicant use hypnotherapy as a treatment modality? Yes No
11. Does the applicant use shock therapy as a treatment modality? Yes No
12. Does the applicant provide abortion counselling, adoption screening or foster care screening? Yes No
13. Does the applicant use animal-assisted therapy treatment modalities? Yes No
 - a. Percentage of practice using equine therapy: _____ %
 - b. Percentage of practice providing animal-assisted treatment to minors: _____ %
14. If the applicant is a school counsellor, do they develop safety or security plans or emergency-preparedness programs for schools? N/A 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)