

MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE

SUPPLEMENTAL APPLICATION – PERSONAL COUNSELLORS / SOCIAL WORKERS / THEOLOGISTS

1. Name of Applicant: _____

2. Indicate the approximate percentage of revenue derived from each of the following (total must be 100%):

Service	%	Service	%
Addictions / Substance Abuse		Marital / Couples	
Bereavement / Grief		Medical / Health Concerns	
Career Counselling		Physical / Sexual Abuse	
Credit Counselling		Sexuality	
Emotional / Psychological		Stress	
Family		Workplace Issues	
Financial Planning		Other: _____	

3. What percentage of the Applicant's clients are (total must be 100%):

- (a) Adults (over 18): _____ %
- (b) Youth (13-18): _____ %
- (c) Children (under 13): _____ %

4. Indicate the setting in which the Applicant provides services (total must be 100%):

- (a) Fieldwork: _____ %
- (b) Office: _____ %
- (c) Community Centre: _____ %
- (d) Other: _____ % Please describe: _____

5. Does the Applicant's services involve overnight counselling or observations? Yes No

If Yes, provide full details: _____

6. Does the Applicant's services involve the relocation of clients to either foster care homes or permanent adoptive homes? Yes No

If Yes, provide full details: _____

This Personal Counsellors / Social Workers / Theologists Supplemental Application is attached to and forms part of the Miscellaneous Professional Liability Insurance Application. It is subject to the same provisions concerning representations made as in the basic Application.

Signature of Applicant	Date
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