

National Risk Solutions

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or e-mail where we may return your quote promptly.

Once complete please:

1. E-Mail application to NRSapps@NRSinsurance.com
- OR
2. Fax application to (877)-743-4252

If you have any questions, please do not hesitate to contact us at (866)-417-4855 ext. 401.

We appreciate your business.

Sincerely,

The National Risk Solutions Team



Specialty Non Profit Package

COUNSELING AND REFERRAL SERVICE ADDENDUM

Note: This page only needs to be completed for Counseling/Referral Services Operations

Name of Organization: _____

PROFESSIONAL LIABILITY:

(Note: The limit selected will apply separately for the General Liability, Professional and Abuse & Molestation.)

	Prohibited	Eligible
1. Is the entity not-for-profit?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. If required, are you licensed or certified?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. If licensed, was the license ever suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you provide 24 hour residential care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you operate a shelter workshop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you operate a camp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. In the providing of services to your clients, do you employ the services of Physicians, Dentists, Psychiatrists, Pharmacists, Nurse Practitioners or any other similar type professionals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. In the providing of services to your clients, do you employ the services of an Accountant, Lawyer, Banker or other similar type professionals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you entered into any hold harmless agreements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is the staff required to report all incidences that may result in a claim to the administrator?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11. Are written records of all incidences kept by the administrator?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
12. Are all incidences reviewed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
13. Do you operate a health care clinic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you dispense medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Are you licensed to operate an adoption agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Are you involved in foster care or foster care placements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Do you operate a crisis/suicide hotline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Are the staff members/volunteers properly trained and/or certified in the type of counseling they are doing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
19. Are clients referred to specialists when appropriate?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
20. Are all files maintained to protect confidentiality of clients?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
21. Do you qualify each agency or operation to which you refer your clients?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
22. Do your services include the licensing, registering or inspecting of any residential facilities for which you refer your clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have there been any claims or suits or do you have knowledge of information that might give rise to a Professional Liability claim? Yes No

If Yes, Provide Details of Each: _____

ABUSE & MOLESTATION:

	Prohibited	Eligible
1. Are there formal written procedures in place for staff hiring?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Prior employment and personal references verified prior to hiring?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Are licenses and other credentials verified prior to hiring?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

4. Is there a formal orientation program for new hires that includes review of the company's written procedures including the sexual abuse policy? No Yes
5. Does your staff employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses? No Yes
6. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? No Yes

Have there been any claims or suits or do you have knowledge of information that might give rise to a claim of sexual or physical abuse or molestation? Yes No

If Yes, Provide Details of Each: _____

STAFFING:

Position	# Full Time	# Part Time
Psychologists:	_____	_____
Nurses (RN, LPN):	_____	_____
Social Workers:	_____	_____
Counselors:	_____	_____
Teachers:	_____	_____
Nutritionists/Dietitians:	_____	_____

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature: _____ (Must be signed by the President, Chairperson or Executive Director)

Title: _____ Date: _____