

	<b>James River Insurance Company and its Subsidiaries</b> 6641 West Broad Street, Suite 300 Richmond, VA 23230	<b>Counselors and Counseling Supplemental Application (Submitted with AH General App)</b>
		<b>ALLIED HEALTHCARE Division</b> Email to <a href="mailto:AH@jamesriverins.com">AH@jamesriverins.com</a> or, Fax to 804-420-1054
<b>APPLICANT'S INSTRUCTIONS:</b> <ol style="list-style-type: none"> <li>Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.</li> <li>Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.</li> <li>Please read the statements at the end of this application carefully. Thank you!</li> </ol>		

## COUNSELORS AND COUNSELING SUPPLEMENTAL APPLICATION

Applicant Name: \_\_\_\_\_

**GENERAL INFORMATION:**

1. Are you in a private practice?  Yes  No

Please indicate the (%) percent of time spent in the following work locations:

Administrative			
Office Classroom _____	Patient's Home _____	Professional Office _____	_____
_____	Outpatient Clinic _____	Laboratory _____	_____
Operating Room _____	Nursing Home _____	Emergency Dept. of a Hospital _____	_____
Hospital Ward (specify) _____	Other (specify) _____	_____	_____

2. If services performed are counseling, indicate the (%) percent of total counseling:

Family Planning _____	Drug/Methadone _____	Legal _____	Crisis Intervention _____
Marital _____	Alcohol _____	Criminal _____	Adoption Screening _____
Family _____	Narcotics _____	V.D. _____	Foster Care Screening _____
Abortion _____	Domestic Abuses _____	Pastoral _____	Other (specify) _____

- A. Are you a religiously affiliated or pastoral counselor?  Yes  No
- B. Number of families in church? \_\_\_\_\_
- C. Is there a charge for counseling services?  Yes  No
- D. Number of counseling sessions per year? \_\_\_\_\_
- E. Are counseling sessions kept strictly confidential?  Yes  No  
If "No", explain: \_\_\_\_\_
- F. Any youth group activities?  Yes  No
- G. Any overnight activities?  Yes  No  
If "Yes", please describe: \_\_\_\_\_

H. Who supervises? \_\_\_\_\_

I. How many supervisors? \_\_\_\_\_

J. Day Care?  Yes  No

If "Yes", number of children, number of staff, hours of operation:

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**3. STAFFING:**

EMPLOYEES	NUMBER OF FULL TIME	NUMBER OF PART TIME
Administrators*		
Counselors*		
Psychologists		
Nurses, RN		
Nurses, LPN		
Home Health Aids		
Social Workers		
Clerical		
Teachers		
Physicians		
Minister/Priest/Rabbi		
Psychiatrists		

\*Indicate Total with Masters' Degrees

4. Estimated number of outpatient visits in the next 12 months: \_\_\_\_\_

Estimated number of outpatient visits in the previous 12 months: \_\_\_\_\_

Estimated number of Hot Line Calls in the previous 12 months: \_\_\_\_\_

5. Is applicant engaged in, associated with, or involved in any other enterprise?  Yes  No

If "Yes", provide details: \_\_\_\_\_

6. List any professional association in which applicant is a member:

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7. Describe any professional training, licensing or certification required of this operation:

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8. Is anyone applying for insurance under this policy aware of any circumstances involving sexual relations with any patients, former patients or relatives thereof?  Yes  No

If "Yes", please explain:

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9. Does anyone applying for insurance under this policy use sex as a form of therapy or believe that it is valid and appropriate?  Yes  No

If "Yes", please explain:

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10. Does anyone applying for insurance under this policy use any form of recovered or repressed memory therapy?  Yes  No

If "Yes", please explain:

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11. Does anyone applying for insurance under this policy testify or consult in child abuse litigation (civil or criminal)?  Yes  No

If "Yes", please explain:

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12. Do you administer any anesthesia?  Yes  No

If "Yes", please explain:

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13. If you contract your services to others on an independent contractor basis, advise who you contract your work to:

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**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York: 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.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date: