

6. 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: _____
7. Is applicant engaged in, associated with, or involved in any other enterprise? No Yes
 If "Yes," provide details: _____
8. List any professional association in which applicant is a member: _____
9. Describe any professional training, licensing or certification needed for this operation: _____
10. Is anyone applying for insurance under this policy aware of any circumstances No Yes
 involving sex with any patients, former patients or relatives thereof?
 If "Yes," please explain: _____
11. Does anyone applying for insurance under this policy use sex as a form of therapy or No Yes
 believe that it is valid and appropriate?
 If "Yes," please explain: _____
12. Does anyone applying for insurance under this policy use any form of recovered or No Yes
 repressed memory therapy?
 If "Yes," please explain: _____
13. Does anyone applying for insurance under this policy testify or consult in child No Yes
 abuse litigation (civil or criminal)?
 If "Yes," please explain: _____
14. Do you administer any anesthesia? No Yes
 If "Yes," please explain: _____
15. Do you prescribe medications? No Yes
 If "Yes," please explain: _____
16. If you contract your services to others on an independent contractor basis, advise who you contract your
 work to: _____

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

 Applicant's Signature

 Sub-Producer

 Title/Date

 Producer

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO COMPANY THE INSURANCE. Application MUST be currently signed, completed and dated to be considered for quotation.