

**WELLNESS PAK PROGRAM APPLICATION
General and Professional Liability**

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

APPLICANT INFORMATION

Name _____
 Address _____
 City, State, Zip _____ Policy Term _____
 Telephone _____ Professional License Type and Number (if required) _____

Business Organization: Individual Partnership Corporation Other _____

GL & Prof. Limits Requested: Occurrence _____ Personal Injury/Advertising _____
 General Aggregate _____ Medical Payments _____
 Prods/Comp Ops Aggregate _____ Fire Legal _____

Estimated annual payroll \$ _____ Estimated annual receipts \$ _____ Years in business _____

List full names of all individuals or partners and their interests.

Applicant is: In private practice An employee Service contractor - List employer
 or principal under contract _____

Check services and procedures provided:

- | | | |
|--|---|---|
| <input type="checkbox"/> Aide or Assistant | <input type="checkbox"/> Dietician/Nutritionist | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Guidance Counseling | <input type="checkbox"/> Therapy (Occupational or Speech) |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Hospice Care | <input type="checkbox"/> Marriage Counseling |
| <input type="checkbox"/> Denturist | <input type="checkbox"/> Private Counseling | <input type="checkbox"/> Occupational Counseling |
| <input type="checkbox"/> Other (Be Specific) _____ | | |

Indicate the number of: _____ Annual outpatient visits _____ Professional employees _____ Participants

Describe all professional training, licensing or certification requirements achieved, memberships in professional organizations _____

List additional insureds _____

THREE YEAR LOSS EXPERIENCE

<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>
_____	_____
_____	_____
_____	_____

Applicant Signature & Date Producer Name & Address

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED

TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

COVERAGE NOT BOUND UNTIL APPROVED BY THE COMPANY.