GREAT AMERICAN INSURANCE COMPANIES
Specialty Human Services Division
PROFESSIONAL LIABILITY QUESTIONNAIRE

Name of organization: _____

Website address (URL): www. _____

1. This organization is licensed or certified by: _____

2. Type of license: _____

3. Total number of employees: _____

4. Does your organization use employed, contracted or volunteer professionally trained individuals?

☐ **YES**	☐ **NO**
Check all applicable services provided and complete sections indicated. ☐ Counseling or life skills training: **Sections I, II and III** ☐ Medical/therapeutic services: **Sections I, II and IV** ☐ Daycares and/or school: **Sections I, II and V**	Do you want coverage for Miscellaneous Liability? This is coverage for offering advice, guidance or other services that are provided by trained non-professionals. **YES** ☐ **NO** ☐ **If yes, complete Section I only.**

Section I

5. Does your organization provide medical detoxification, non-medical detoxification, social detoxification or methadone detoxification/maintenance?   **YES** ☐ **NO** ☐

6. Has any organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency?   **YES** ☐ **NO** ☐

7. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?   **YES** ☐ **NO** ☐

8. Does your organization ONLY provide referrals to other organizations?   **YES** ☐ **NO** ☐

9. Please indicate all types of services to which your organization provides referrals:

Group I

☐ Adoption / Foster Placement   ☐ Group Home Placement   ☐ Legal or Tax Preparation
☐ Counseling   ☐ Home Care Attendants   ☐ Medical Treatment
☐ Daycare / Latchkey   ☐ Housing -Temporary   ☐ Physical Rehabilitation

Total number of Group I referrals per year: _____

Group II

☐ Employment / Job Training   ☐ Education   ☐ Social Security / Benefit Referrals

Total number of Group II referrals per year: _____

10. Are all non-governmental service providers licensed by state?   **YES** ☐ **NO** ☐

11. Does your organization verify that non-govern mental service providers have insurance in place?   **YES** ☐ **NO** ☐

12. Does your organization have a written contract with service providers?   **YES** ☐ **NO** ☐

13. Are **"hold harmless"** agreements in your favor part of the contract between your organization and service providers?   **YES** ☐ **NO** ☐

14. Does your organization require service providers name you as "additional insured" under the provider's policy?   **YES** ☐ **NO** ☐

15. Has your organization ever been named as a defendant in any suit involving the activities of a subcontracted or referral service provider?   **YES** ☐ **NO** ☐

Section II

16. Do you employ any medical doctors, psychiatrists, nurse practitioners or dentists? **YES** ☐ **NO** ☐
Professional liability coverage is not available if you have employed medical doctors, psychiatrists or nurse practitioners.

17. **As respects professional liability coverage,** is your organization aware of any circumstances that may result in a claim being made or any claims or suits which have been made during the past five years against your organization or any individual to be covered by this policy? **YES** ☐ **NO** ☐

18. Do you maintain copies of licenses for all employed professionals that are required to be licensed? **YES** ☐ **NO** ☐
    If yes, are procedures in place to verify current licenses are maintained? **YES** ☐ **NO** ☐

19. Are services provided under contract by professionals who are not your employees? **YES** ☐ **NO** ☐
    If yes,
    a. What services are provided by independent contractors?
    _____

    b. Do you maintain a copy of current certificate of insurance and state license? **YES** ☐ **NO** ☐

20. Does your organization offer any services specifically designed for individuals with infectious or contagious diseases? **YES** ☐ **NO** ☐

Section III   -   SOCIAL WORKER'S COUNSELORS' PROFESSIONAL LIABILITY

Coverage provided for consultation or communication where an insured offers advice, guidance and other services provided by trained professionals.

21. List the number of employed professionals by degree who provide counseling services

Degree	Full-time	Part-time (less than 15 hrs/wk)
Non-medical doctors (PHD)		
Masters		
Bachelors/Associates		
Other professionally trained employees		

22. Indicate all applicable services:
    ☐ Foster Placements and/or Adoptions
    ☐ Counseling for Perpetrators of Non-Violent Crimes
    ☐ Counseling for Perpetrators of Violent or Sexual Crimes
    ☐ Group Counseling
    ☐ One-On-One Counseling
    ☐ Life Skills Training
    ☐ Other: _____

Section IV   -   HEALTH CARE SERVICES LIABILITY

Coverage provided for liability arising out of rendering of or failure to render health care services.

23. Describe the health care services provided by the organization: _____
    _____

24. Indicate all services applicable:
    ☐ Any invasive procedure
    ☐ Catheterization
    ☐ Feeding Tube Maintenance
    ☐ Psychiatric Shock Therapy
    ☐ Obstetrical/Gynecological
    ☐ X-rays
    ☐ Any procedures not supported by the American Medical Association (procedures that are experimental, are not used as prescribed by the AMA or are unsupported by AMA accepted clinical research)
    ☐ Alternative or Complementary Medical practices (e.g. Acupuncture, Chiropractic, Homeopathy, Massage, Mental Healing, Naturopathy, Hypnotherapy, etc.)

25. List the number of employed medical professionals:

Position	Full-time or Part-time
RN	
LPN / CNA / Nurse Aides	
Therapists (e.g., Speech, Occupational, Physical)	

26. Of the professionals listed in question 25, do any carry their own professional liability insurance? **YES** ☐ **NO** ☐

Section V - EDUCATOR'S PROFESSIONAL LIABILITY

Coverage provided for liability arising out of educational instruction, training, career counseling, job placements and/or job referrals and other services consistent with your operations as an educational institution.

27. Number of students in each age range: _____1-4 years _____5-12 years _____13-18 years ____19+years

28. List the number of professional educators who desire primary coverage:

Professional Educators	# of Professionals
Classroom Teachers	
Teacher Aids, Student Teachers, Daycare Workers	
Special Education Teachers	
Guidance Counselors, Vocational Counselors, Psychological Counselors	
School Nurse	
Other professionally trained educators (including administrators)	

29. Is your school licensed? **YES** ☐ **NO** ☐
30. Does your educational facility have written procedures in place regarding suspension, dismissal & discipline of students? **YES** ☐ **NO** ☐
    If yes, are these procedures reviewed annually with all teachers? **YES** ☐ **NO** ☐
31. If your school was built prior to 1980, have all premises been inspected and certified lead free? **YES** ☐ **NO** ☐

Completed by: _____   Date completed: _____

Professional Liability-ed. 01-05

ADDITIONAL COMMENTS: