

**COLORADO ALLIED HEALTH PROFESSIONALS
 GENERAL AND PROFESSIONAL LIABILITY APPLICATION**

APPLICANT SECTION

Name of Applicant ("You"): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Years of Experience: _____ Email: _____

Please list any additional office locations on an attached sheet. Check here if there are locations attached

PROFESSIONAL LIABILITY SECTION *CHECK ALL THAT APPLY*

- | | |
|---|--|
| <input type="checkbox"/> BEHAVIOR THERAPIST | <input type="checkbox"/> REHABILITATION COUNSELOR |
| <input type="checkbox"/> SPECIAL EDUCATION SPECIALIST | <input type="checkbox"/> EARLY INTERVENTION SPECIALIST |
| <input type="checkbox"/> OCCUPATIONAL THERAPIST | <input type="checkbox"/> MUSIC THERAPIST |
| <input type="checkbox"/> COGNITIVE THERAPIST | <input type="checkbox"/> ART THERAPIST |
| <input type="checkbox"/> SPEECH THERAPIST | <input type="checkbox"/> Other: _____ |

Do you currently have Professional Liability/Malpractice coverage(s) in place? Yes: ___ No: ___
 If yes: Carrier: _____ Limit: _____ Coverage Dates: _____

Are you currently licensed and/or certified and in good standing in the state for the professions listed above.
 Yes: ___ No: ___

Have you ever been expelled from a professional association or been convicted of a felony. Yes: ___ No: ___
 If yes please explain: _____

Has Professional Malpractice ever been alleged against you. Yes: ___ No: ___
 If yes please explain: _____

Are you currently contracted with a Community Centered Board, Service Provider Organization or
 other placement agency. Yes: ___ No: ___

Approximate annual revenues attributable to your professional services: \$ _____

Have you ever been refused coverage for professional liability or malpractice or has your malpractice of professional liability insurance ever been cancelled or declined for renewal (non-renewal)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any claim or suit ever been brought against you for alleged malpractice or professional liability, or are you aware of any incident or existing circumstances that might reasonably lead to a claim or a suit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had your license, certification or registration suspended, revoked, or placed on probation by a licensing board of examiners, or any other governmental entity that regulates your profession? Have you ever received a citation or paid a fine as a result of a board proceeding? Have you ever surrendered, either voluntarily or otherwise, your license, certification, or registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Have you ever been accused of sexual misconduct or any professional impropriety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any complaints ever been filed against you with a peer review committee or an ethics committee of a professional association, hospital, health care facility, licensing board, or any other governmental or private entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know of any reason why you cannot comply with the legal, ethical, or professional standards set by law, by regulation, by a peer review committee or by an applicable code of ethics in any jurisdiction where you provide services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PLEASE EXPLAIN ANY YES ANSWERS: (Attach additional pages if necessary)		

PREMIUM AMOUNTS

General & Professional Liability Insurance Total Premium Due: \$350.00
\$1,000,000 Per Occurrence Limit Included
\$3,000,000 Aggregate Limit Included

CONFIRM: PLEASE READ, SIGN & DATE

The Applicant declares the information contained in this Application is true and that no material facts have been suppressed or misstated. The Applicant understands that incorrect information could void the insurance coverage. The signing of this Application does not bind the undersigned to purchase this insurance, nor does the review of the Application bind the insurance company to issue the policy. It is agreed that this Application shall be the basis of the contract should a policy be issued. **NOTICE TO COLORADO RESIDENTS APPLICANTS:** '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.'

Signature of Applicant: _____

Print Name: _____

Today's Date: _____ Desired Policy Effective Date: _____

PAYMENT: SUBMIT AND SEND

Include a check for \$350.00 made payable to Centerpoint Insurance Group
And mail to: 3900 E. Mexico Ave. Suite 850 - Denver, Colorado 80210

CENTERPOINT INSURANCE GROUP 3900 E. Mexico Ave, Ste 850, Denver, Colorado 80210 Main: 303.333.0375 Fax: 303.333.1391