Allied Healthcare Professional Package Product

MENTAL HEALTH COUNSELOR/THERAPY SERVICES SUPPLEMENTAL APPLICATION

1. Name of applicant:_____

2. Please indicate type of counseling services provided:

- ☐ Art therapy
- ☐ Dance therapy
- ☐ Drama therapy
- ☐ Guidance counselor for schools
- ☐ Horticultural therapy
- ☐ Mental health counseling
- ☐ Music therapy
- ☐ Pastoral/Faith based counseling
- ☐ Pet/Animal assisted therapy
- ☐ Recreational therapy
- ☐ Wellness counseling

Other: _____

3. List primary types of disorders treated: _____

4. Does the applicant provide any form of recovered or repressed memory therapy? ○ Yes ○ No

5. Does the applicant specialize (greater than 25% of services provided is considered specialization) in treatment of any of the following ○ Yes ○ No

- ☐ Body disorder issues (Dysmorphic disorder, cutting, etc.)
- ☐ Eating disorder/obesity (for minors)
- ☐ Forensic psychologist/counselor
- ☐ Suicide Counseling
- ☐ Sexual abuse (physical abuse)
- ☐ Sexual offenders

6. Percentage of practice involved with treating minors who are victims of molestation, abuse or violence? _____%

7. Does the applicant provide a suicide hotline service? ○ Yes ○ No

8. Does the applicant provide perpetrator counseling whether or not the perpetrator is charged with or convicted of a crime? ○ Yes ○ No

9. Does the applicant provide court appointed evaluations or counseling including counseling of persons on probation or parole? ○ Yes ○ No

10. Does the applicant use hypnotherapy as a treatment modality? ○ Yes ○ No

11. Does the applicant use shock therapy as a treatment modality? ○ Yes ○ No

12. Does the applicant provide abortion counseling, adoption screening or foster care screening? ○ Yes ○ No

13. Does the applicant use animal assisted therapy treatment modalities? ○ Yes ○ No

a) Percentage of practice using Equine therapy? _____%

b) Percentage of practice providing animal assisted treatment to minors? _____%

14. If a school counselor, does the applicant develop safety or security plans or emergency preparedness programs for schools? ○ N/A ○ Yes ○ No

This supplemental application is incorporated into and is deemed a part of the other application(s) submitted in connection with the requested insurance. Any and all notices and representations included in such other application(s) are incorporated by reference in this supplemental application as though fully set forth herein.

Applicant's Signature_____ Title_____ Date_____

(Principal, Partner or Officer)

Print Name _____

Agent's signature: _____

(Required in New Hampshire)