United States Liability Insurance Group
A BERKSHIRE HATHAWAY COMPANY

USLI.COM
888-523-5545

Allied Healthcare Professional Package Product

SOCIAL WORKER SUPPLEMENTAL APPLICATION

1. Name of applicant: ____

2. Please provide a detailed description of services provided:

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If "Yes" to any of the questions below, please provide details in the space provided below.

3. Does the applicant provide services to minors? ❑ Yes ❑ No
   If yes, please provide percentage to the following age groups: 0-6 years of age ____________ 7-18 years of age ____________
4. Does applicant provide healthcare advocacy services (i.e. assisting clients in getting medical treatment/medical services)? ❑ Yes ❑ No
5. Does applicant provide services related to emergency preparedness/disaster response/epidemic or pandemic response? ❑ Yes ❑ No
6. Does applicant provide suicide counseling or provide crisis hotline services? ❑ Yes ❑ No
7. Does the applicant provide services pertaining to the following?

Abortion	❑ Yes	❑ No	Foster care	❑ Yes	❑ No
Adoption arrangement/screening	❑ Yes	❑ No	Obtain legal or financial services for clients	❑ Yes	❑ No
Child abuse/spousal/domestic abuse	❑ Yes	❑ No	Monitoring elderly/child care on behalf of families	❑ Yes	❑ No
Child protective services/child welfare	❑ Yes	❑ No	Organ transplants	❑ Yes	❑ No
Communicable diseases	❑ Yes	❑ No	Pregnancy (minors)	❑ Yes	❑ No
Crisis intervention	❑ Yes	❑ No	Violence prevention	❑ Yes	❑ No

Details on "Yes" answers:

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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)

This document does not amend, extend or alter the coverage afforded by the policy. For a complete understanding of any insurance you purchase, you must first read your policy, declaration page and any endorsements and discuss them with your broker. A specimen policy is available from an agent of the company. Your actual policy conditions may be amended by endorsement or affected by state laws.