

# Application

## PSYCHOLOGIST'S PROFESSIONAL LIABILITY INSURANCE APPLICATION

FL SME -PPLI



IF A POLICY IS ISSUED, IT WILL BE ON A CLAIM-MADE BASIS

1. NAME OF APPLICANT : \_\_\_\_\_

2. PLEASE CHECK ONE BOX :  PARTNERSHIP  INDIVIDUAL  PROFESSIONAL CORPORATION  PROFESSIONAL ASSOCIATION

3. APPLICANT OFFICE ADDRESS : \_\_\_\_\_

4. DATE OF INCORPORATION : \_\_\_\_\_ 5. WEB SITE ADDRESS (if available) \_\_\_\_\_

6. DURING THE PAST 6 YEARS, HAS APPLICANT NAME CHANGED, HAD ANY MERGERS OR ACQUISITIONS?  YES  NO

7. LIST YOUR NAME AND QUALIFICATIONS AND THOSE OF ALL OTHER PROFESSIONALS (I.E. EMPLOYEES, PARTNER) AND EVERY OTHER EMPLOYEE OR PARTNER (EXCEPT CLERICAL).

NAME	DEGREE	YEAR	STATE	SPECIALTY

A. NUMBER OF YEARS PRACTICING PSYCHOLOGY : \_\_\_\_\_

8. HAS APPLICANT OR ANY PERSON NAMED IN QUESTION 7 EVER BEEN THE SUBJECT OF REPRIMAND OR DISCIPLINARY ACTION OR REFUSED ADMISSION OR SUSPENDED BEFORE ANY COURT OR ADMINISTRATIVE AGENCY OR EVER BEEN THE SUBJECT OF AN ETHICS INVESTIGATION AT LOCAL, STATE OR NATIONAL LEVEL?  
 YES  NO

If yes, please explain: \_\_\_\_\_

9. PLEASE DETAIL NUMBER OF :

PARTNERS/ MANAGERS/DIRECTORS & OFFICERS	EMPLOYEES

10. IS APPLICANT ENGAGED IN SELF-EMPLOYED PRIVATE PRACTICE?  YES  NO (if not) employed by \_\_\_\_\_

11. IS APPLICANT OR ANY PERSON NAMED IN QUESTION 7 A SALARIED EMPLOYEE OF ANY ORGANIZATION OTHER THAN THE APPLICANT(S) FIRM OR OWN, MANAGE OR EXERCISE ANY FORM OF FIDUCIARY CONTROL OVER ANY BUSINESS ENTERPRISES?  YES  NO

If yes, please explain : \_\_\_\_\_

12. LIMITS OF LIABILITY & DEDUCTIBLES REQUESTED :

LIMITS OF LIABILITY	DEDUCTIBLES

13. PLEASE PROVIDE PREVIOUS INSURANCE INFORMATION :

CARRIER	LIMITS	DEDUCTIBLES	EFFECTIVE DATES		PREMIUM
			from (mo./day/year)	to	

(A) HAS ANY PROFESSIONAL LIABILITY CLAIM OR SUIT EVER BEEN MADE AGAINST APPLICANT OR ANY PERSON NAMED IN QUESTION 7, THEIR PREDECESSORS IN BUSINESS OR AGAINST ANY PAST PARTNERS?  YES  NO

(B) ARE THERE ANY CIRCUMSTANCES OF WHICH ANY APPLICANT OR PERSON NAMED IN QUESTION 7 IS AWARE OF THAT MAY RESULT IN ANY CLAIM OR SUIT BEING MADE AGAINST ANY PERSON NAMED IN QUESTION 7, THEIR PREDECESSORS IN BUSINESS OR AGAINST ANY PARTNER?  YES  NO

(C) HAS ANY APPLICANT OR ANY PERSON NAMED IN QUESTION 7 EVER HAD ANY INSURANCE COMPANY DECLINE, CANCEL, REFUSE TO RENEW OR ACCEPT ONLY ON SPECIAL TERMS ANY PROFESSIONAL LIABILITY INSURANCE? [ ] YES [ ] NO

IF QUESTIONS 13A -13C HAVE BEEN ANSWERED AFFIRMATIVE, YOU MUST DETAIL IN ORDER TO OBTAIN A QUOTE LETTER. NOT ANSWERING CORRECTLY CAN AFFECT YOUR RIGHT IN CASE OF CLAIM.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION SHALL BE THE BASIS ON WHICH THE POLICY IS ISSUED, AND IN THE EVENT THE COMPANY ISSUES A POLICY, THE UNDERSIGNED PROPRIETOR OR PARTNER ACTING ON BEHALF OF THE APPLICANT AND ALL PERSONS PROPOSED FOR INSURANCE, ACKNOWLEDGES THAT THE COMPANY IN PROVIDING COVERAGE WILL HAVE RELIED UPON, AS REPRESENTATIONS, THE DECLARATIONS WHICH ARE CONTAINED IN OR ATTACHED TO OR INCORPORATED BY REFERENCE INTO THIS APPLICATION AND WHICH ARE INCORPORATED INTO THE POLICY.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE NOR THE APPLICANT TO PURCHASE THE INSURANCE.

NOTE TO APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER, OR OFFICER AS DULY AUTHORIZED ON BEHALF OF THE APPLICANT.

SIGNATURE OF OWNER, PARTNER, OR OFFICER : \_\_\_\_\_

TITLE : \_\_\_\_\_

DATE : \_\_\_\_\_

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