

Account Number \_\_\_\_\_

Date \_\_\_\_\_

Named Insured \_\_\_\_\_

City/State \_\_\_\_\_

## Individual Counseling and Counseling Ministry – Professional Liability

### INDIVIDUAL

1. Name of counselor \_\_\_\_\_

Counseling position \_\_\_\_\_

2. Counselor is a professional:

Psychologist

Clinical Social Worker

Psychiatrist

N/A

Other \_\_\_\_\_

3. Relationship of counselor to insured:

Employee

Volunteer

Independent Contractor

Other \_\_\_\_\_

### **COVERAGE CANNOT BE PROVIDED IF PROFESSIONAL COUNSELOR IS AN EMPLOYEE OF THE INSURED**

4. Describe past and continuing counseling education and training: \_\_\_\_\_

5. Past counseling experience: \_\_\_\_\_

Years of counseling: \_\_\_\_\_

Type of counseling: \_\_\_\_\_

6. Check type(s) of counseling provided:

Marriage

Pregnancy

Drug & Alcohol

Teen Crisis

Single Parent

Family

Financial

Other \_\_\_\_\_

7a. Time spent counseling per week:

0 - 10 Hours

11 - 25 Hours

26 - 40 Hours

Over 40 Hours

7b. Percentage of services provided to:

Church members:

0 - 25 %

76 - 99%

26 - 50 %

100%

51 - 75%

7c. Percentage of services provided to:

General public:

0 - 25 %

76 - 99%

26 - 50 %

100%

51 - 75%

8. Any past counseling losses?

Yes  No

If yes, provide complete details: \_\_\_\_\_

**COUNSELING MINISTRY PROGRAM**

1. Name of counseling program:

- Stephen Ministry
- Other \_\_\_\_\_

2. Total number of counselors involved with the program:

- 1  4 - 5
- 2 - 3  Over 5

3. How long has the counseling program been in existence?

- Less Than 1 Year
- 1 - 3 Years
- More Than 3 Years

4. Who is the sponsoring organization?

- Our Insured
- Separate Entity

5a. Percentage of services provided to:

Church members:

- 0 - 25 %  76 - 99%
- 26 - 50 %  100%
- 51 - 75%

5b. General public:

- 0 - 25 %  76 - 99%
- 26 - 50 %  100%
- 51 - 75%

6. Fees or charges are made for counseling services:

- Yes  No If yes, provide complete details: \_\_\_\_\_

**PROGRAM MAY BE INELIGIBLE IF A FEE IS BEING CHARGED**

7a. Program includes initial training

- Yes  No

7b. Program includes continuing/ongoing education training

- Yes  No

8. Any past counseling losses?

- Yes  No If yes, provide complete details: \_\_\_\_\_

**ATTACH A COPY OF THE PROGRAM GUIDELINES IF AVAILABLE.  
IF NOT AVAILABLE, ATTACH A DESCRIPTION OF THE TYPE OF COUNSELING BEING DONE  
(I.E., DRUG AND/OR ALCOHOL, MARRIAGE, PREGNANCY, ETC.)**