



SHAND MORAHAN & COMPANY, INC.

Ten Parkway North, Suite 100, Deerfield, Illinois 60015
 (847) 572-6000 Fax (847) 572-6137

APPLICATION FOR MENTAL HEALTH/MENTAL RETARDATION FACILITIES PROFESSIONAL LIABILITY

(Claims Made Coverage)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. If the answer to any question is none, state NONE.
4. Please do not complete application earlier than 45 days before proposed effective date of coverage.
5. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION						
a. Full Name of Applicant: _____						
b. Principal Business Address: _____						
		Street	City		State	Zip Code
c. List locations of all facilities:						
Location No.	Name and Location of Facility	Type of facility: Halfway House; Group Home; Inpatient; Contract Beds; Outpatient - Describe below in detail	Type of Patient: Child/Adult/Aged; Mentally Retarded; Ex- offender; Emotionally Disturbed; Physically Handicapped; Other - Please be specific	No. Of Beds and Average Percentage Occupancy (%)	No. Of Outpatient Visits* Last 12 Months; Next 12 Months	List all Services rendered (e.g., alcohol or drug detoxification; confrontation, shock, rage, sex or gas therapy; vocational rehab; hypnosis; surgery, types of counseling, etc.)
1				No.	Last:	
				%	Next:	
2				No.	Last:	
				%	Next:	
3				No.	Last:	
				%	Next:	
4				No.	Last:	
				%	Next:	
5				No.	Last:	
				%	Next:	