



WELLNESS PAK PROGRAM APPLICATION
General and Professional Liability

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

APPLICANT INFORMATION

Name
Address
City, State, Zip
Telephone
Policy Term
Professional License Type and Number (if required)

Business Organization: Individual Partnership Corporation Other

GL & Prof. Limits Requested: Occurrence
General Aggregate
Prods/Comp Ops Aggregate
Personal Injury/Advertising
Medical Payments
Fire Legal

Estimated annual payroll \$
Estimated annual receipts \$
Years in business

List full names of all individuals or partners and their interests.

Applicant is: In private practice An employee Service contractor - List employer
or principal under contract

Check services and procedures provided:

- Aide or Assistant
Audiology
Clergy
Denturist
Other (Be Specific)
Dietician/Nutritionist
Guidance Counseling
Hospice Care
Private Counseling
Social Work
Therapy (Occupational or Speech)
Marriage Counseling
Occupational Counseling

Indicate the number of: Annual outpatient visits Professional employees Participants

Describe all professional training, licensing or certification requirements achieved, memberships in professional organizations

List additional insureds

THREE YEAR LOSS EXPERIENCE

Table with 2 columns: Date, Losses (description and amounts paid and incurred)

Applicant Signature & Date
Producer Name & Address

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED

TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

COVERAGE NOT BOUND UNTIL APPROVED BY THE COMPANY.



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