Atlantic Casualty INSURANCE COMPANY™
400 Commerce Court
Goldsboro, NC 27533
Phone: 877-225-5744
Fax: 919-751-1042

Clear Form

SUPPLEMENTAL MENTAL AND PHYSICAL HEALTH RELATED INDIVIDUALS AND AGENCIES INCLUDING COUNSELORS APPLICATION

1. Applicant's Name: _____
2. List full names of all individuals or partners and their interests.

   _____

   _____

   _____
3. Applicant's Professional Specialty _____
4. Is applicant in private practice?_____or an employee? _____
5. Indicate the percent of time spent in the following work locations:

   _____% Administrative Office
   _____% Classroom
   _____% Hospital (be specific)
   _____
   _____% Other (be specific)
   _____
   _____% Laboratory
   _____% Patient's Home
   _____% Professional Office
   _____% Operating Room
   _____% Outpatient Clinic

6. Please check the type of service provided:

   ☐ Aide or Assistant
   ☐ Audiology
   ☐ Contact Lens Technician-Optician
   ☐ Dental Hygiene
   ☐ External Prosthetic Device
   ☐ Guidance
   ☐ Home Health Care
   ☐ Hospice
   ☐ Marriage
   ☐ Minister, Rabbi, Priest
   ☐ Non-Profit Counseling (be specific) _____
   ☐ Non-Profit Referral Only – Hotlines (be specific) _____
   _____
   ☐ Nutrition – Diets
   ☐ Private Counseling
   ☐ Psychology (Private Practice Only)
   ☐ Social Work
   ☐ Swimming Instructor
   ☐ Therapy (Occupational, Physical, Respiratory, Speech)
   ☐ Other (be specific) _____
   _____

7. Indicate the number of:

Receipts _____

Outpatient Visits _____

Individual Professional Employees _____

Payroll Participants _____

Participants _____

Other (be specific) _____

8. List any professional association in which applicant is a member:

_____

Describe any professional training, licensing or certification needed for this operation: _____

_____

_____

9. If you are an employee, please advise if you have any management or supervisory duties. _____

_____

If so, what are they? _____

10. Do you administer any anesthesia? ☐ Yes ☐ No

11. If you contract your services to others on an independent contractor basis, please advise to whom you contract your work? _____

COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.

Applicant's Signature _____

Date: _____