



ANI-RRG #3

**SOCIAL SERVICE
PROFESSIONAL LIABILITY
SUPPLEMENTAL APPLICATION**

P.O. Box 8546
Santa Cruz, CA 95061
PH: (831) 459-0980
FAX: (831) 459-0853
www.ani-rrg.org

APPLICANT NAME: _____

Please list anyone that provides any professional social services. We don't need names. To properly rate the coverage, we need an accurate number of persons who provide professional social services. You may provide this list in whatever manner is most convenient to you. Note, please report psychologists and psychiatrists separately.

Type	Number of Service Providers
Non-Degreed	
Degreed	
Psychologist	
Psychiatrist	

1. Has your license to operate or the license or certificate of anyone shown above ever been suspended or revoked? Yes No Any fines or citations for violations? Yes No
If yes, attach full particulars.

2. Have you ever been subject to a hearing regarding your services or operations or are you now under review? Yes No **If yes, explain fully.**

3. Average number of cases handled by the organization per year _____.

4. Do you dispense drugs or other medications? Yes No **If yes, are drugs dispensed prescribed by the client's private physician and dispensed according to physician instruction?**
 Yes No