



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 _____ Policy Term _____

Telephone _____ Professional License Type and Number (if required) _____

Business Organization: Individual Partnership Corporation Other _____

GL & Prof. Limits Requested: Occurrence _____ Personal Injury/Advertising _____

General Aggregate _____ Medical Payments _____

Prods/Comp Ops Aggregate _____ 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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Aide or Assistant | <input type="checkbox"/> Dietician/Nutritionist | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Guidance Counseling | <input type="checkbox"/> Therapy (Occupational or Speech) |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Hospice Care | <input type="checkbox"/> Marriage Counseling |
| <input type="checkbox"/> Denturist | <input type="checkbox"/> Private Counseling | <input type="checkbox"/> Occupational Counseling |
| <input type="checkbox"/> Other (Be Specific) _____ | | |

Indicate the number of: _____ Annual outpatient visits _____ Professional employees _____ Participants

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



ROYAL OAK UNDERWRITERS, INC.
 Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue
 Richmond, Virginia 23229
 Telephone: (804) 741-7999
 WATTS: (800) 628-2967
 Fax: (804) 741-9401
www.royaloakunderwriters.com

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

_____	_____
_____	_____
_____	_____

Comments _____

 Applicant Signature

 Producer Name & Address

 Date

COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY