NEW ENGLAND EXCESS EXCHANGE

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

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 _____ (Number of visits per year)
   Individual Professional Employees _____
   Payroll _____

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: _____

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