

**PERSONAL COUNSELLORS, SOCIAL WORKERS & THEOLOGISTS SUPPLEMENT**  
 Forming part of the Professional Liability Application



\_\_\_\_\_  
 Name of Applicant

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following client groups :**

Children (under 13 years) \_\_\_\_\_  
 Percentage

Youth (13 to 18 years) \_\_\_\_\_  
 Percentage

Adult (18 to 65 years) \_\_\_\_\_  
 Percentage

Seniors (over 65) \_\_\_\_\_  
 Percentage

**TOTAL should equal 100%**

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following services :**

Addiction/Substance Use \_\_\_\_\_  
 Percentage

Bereavement/Grief \_\_\_\_\_  
 Percentage

Career Counseling \_\_\_\_\_  
 Percentage

Credit Counseling \_\_\_\_\_  
 Percentage

Emotional/Psychological \_\_\_\_\_  
 Percentage

Family Issues \_\_\_\_\_  
 Percentage

Financial Planning \_\_\_\_\_  
 Percentage

Marital/Couples \_\_\_\_\_  
 Percentage

Medical/Health Concerns \_\_\_\_\_  
 Percentage

Physical/Sexual Abuse \_\_\_\_\_  
 Percentage

Workplace Issues \_\_\_\_\_  
 Percentage

Other \_\_\_\_\_  
 Describe \_\_\_\_\_ Percentage

**TOTAL should equal 100%**

**Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes?**  Yes  No

\_\_\_\_\_  
 If Yes, please describe the process/procedures followed

\_\_\_\_\_  
 Print Name and Title

\_\_\_\_\_  
 Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |