

Professional Liability Coverage Checklist

Fill this before you buy or renew. One column for each license. Write what the quote, the declarations page, or the broker put in writing. A brochure is not the policy.

How to use this sheet

Fill the column that matches the license on the application. A group owner may fill more than one column, one license at a time. Do not copy an answer from another column. Definitions, so you know what you are circling: an occurrence form responds to an incident during the policy period even if the claim is filed later. A claims-made form responds to a claim made while that policy is in force, for an incident after the retroactive date. When a claims-made policy ends, later claims need an extended reporting period (tail) or a new policy that picks up prior acts. The form you are offered controls, not this sentence.

Identity (one clinician, or one license, per pass)

Clinician: _____ License title and number: _____ State or states: _____
Setting: solo / group employee / 1099 / agency / other _____ This sheet: new policy / renewal / switching carriers
Broker: _____ Carrier on the quote: _____ Quote date: _____
Policy number if renewing: _____ Quote ref (copy onto each page): _____

Policy form				
Write in your column	Social worker	Counselor or therapist	Psychologist	Psychiatrist
License title on the application	Write the board title (LCSW, LICSW, LMSW, LSW, or your state title). Not the word you use with clients. _____	Write LPC, LCPC, LMHC, LPCC, LMFT, or your state title. Therapist is not a license title. _____	Write licensed psychologist, or the associate or trainee title you actually hold. _____	Write the physician license. Psychiatry is the specialty, not the policy class. _____
Policy form	Occurrence or claims-made? Circle one. Write the form name from the quote, not the brochure. _____	Occurrence or claims-made? Circle one. Write the form name from the quote, not the brochure. _____	Occurrence or claims-made? Circle one. Write the form name from the quote, not the brochure. _____	Physician malpractice form, or an allied-health form? Write which. Then circle occurrence or claims-made. _____
Retroactive date	If claims-made, write the retroactive date from the quote. If occurrence, write n/a and confirm that with the broker. _____	If claims-made, write the retroactive date from the quote. If occurrence, write n/a and confirm that with the broker. _____	If claims-made, write the retroactive date from the quote. If occurrence, write n/a and confirm that with the broker. _____	If claims-made, write the retroactive date from the quote. If occurrence, write n/a and confirm that with the broker. _____
Services the application must list	Therapy, case management, supervision, school or agency, private practice. Circle what you actually do. _____	Individual, couples, family, supervision. Ask whether coaching or another unlicensed add-on is excluded. _____	Therapy, testing, forensic or custody work, supervision. Ask whether testing or forensic work needs an endorsement. _____	Therapy, prescribing, controlled substances, collaborative practice, hospital or locums. Circle what this form covers. _____
Whose policy covers this setting	Agency policy, or your own? Ask whether the job policy follows you into private practice. Get the answer in writing. _____	Group policy, or your own? Ask whether 1099 work is excluded from the group form. _____	Group, academic, or your own? Ask whether a training-site policy ends when you leave. _____	Hospital, group, or your own? Ask whether coverage stops when you leave, and whose policy responds after that. _____

Limits				
Write in your column	Social worker	Counselor or therapist	Psychologist	Psychiatrist
Per-claim limit	Write the per-claim limit as the quote prints it. _____	Write the per-claim limit as the quote prints it. _____	Write the per-claim limit as the quote prints it. _____	Write the per-claim limit as the quote prints it. _____
Annual aggregate	Write the annual aggregate. It is not the same number as the per-claim limit unless the quote says so. _____	Write the annual aggregate. It is not the same number as the per-claim limit unless the quote says so. _____	Write the annual aggregate. It is not the same number as the per-claim limit unless the quote says so. _____	Write the annual aggregate. It is not the same number as the per-claim limit unless the quote says so. _____
Defense costs	Inside the limit, or outside the limit? Write which. If you cannot find it, ask before you bind. _____	Inside the limit, or outside the limit? Write which. If you cannot find it, ask before you bind. _____	Inside the limit, or outside the limit? Write which. If you cannot find it, ask before you bind. _____	Inside the limit, or outside the limit? Write which. If you cannot find it, ask before you bind. _____
Deductible	Amount, and whether it applies to damages only or also to defense. Write both. _____	Amount, and whether it applies to damages only or also to defense. Write both. _____	Amount, and whether it applies to damages only or also to defense. Write both. _____	Amount, and whether it applies to damages only or also to defense. Write both. _____
Consent to settle	Can the carrier settle without you? Is there a penalty if you refuse? Write what the form says. _____	Can the carrier settle without you? Is there a penalty if you refuse? Write what the form says. _____	Can the carrier settle without you? Is there a penalty if you refuse? Write what the form says. _____	Can the carrier settle without you? Is there a penalty if you refuse? Write what the form says. _____

Licensing-board defense				
Write in your column	Social worker	Counselor or therapist	Psychologist	Psychiatrist
Board that would hear a complaint	Social work board in each state of licensure. Write the board name. A malpractice suit is a different proceeding. _____	Counseling board, or marriage and family board, matching the license. Write the board name. _____	Psychology board in each state of licensure. Write the board name. _____	Medical board. A malpractice claim and a board complaint are different proceedings. Write the board name. _____
Board defense included	Included? Write yes or no. If yes, write the sublimit and whether it is separate from the malpractice limit. _____	Included? Write yes or no. If yes, write the sublimit and whether it is separate from the malpractice limit. _____	Included? Write yes or no. If yes, write the sublimit and whether it is separate from the malpractice limit. _____	Included? Write yes or no. If yes, write the sublimit and whether it is separate from the malpractice limit. _____
When board defense starts	Investigation only, or only after formal charges? Write what the form says. Do not assume a letter from the board is covered. _____	Investigation only, or only after formal charges? Write what the form says. Do not assume a letter from the board is covered. _____	Investigation only, or only after formal charges? Write what the form says. Do not assume a letter from the board is covered. _____	Investigation only, or only after formal charges? Write what the form says. Do not assume a letter from the board is covered. _____
Who chooses counsel	You, the carrier, or either with consent? Write it. Write how fast you must report a board letter. _____	You, the carrier, or either with consent? Write it. Write how fast you must report a board letter. _____	You, the carrier, or either with consent? Write it. Write how fast you must report a board letter. _____	You, the carrier, or either with consent? Write it. Write how fast you must report a board letter. _____

Tail coverage				
Write in your column	Social worker	Counselor or therapist	Psychologist	Psychiatrist
Extended reporting period	If you cancel, retire, or switch, is an extended reporting period required? Write yes, no, or not on this form. _____	If you cancel, retire, or switch, is an extended reporting period required? Write yes, no, or not on this form. _____	If you cancel, retire, or switch, is an extended reporting period required? Write yes, no, or not on this form. _____	If you cancel, retire, or switch, is an extended reporting period required? Write yes, no, or not on this form. _____
Length and cost	Length and cost, from the quote or the specimen policy. Not from a brochure. Not a guess. _____	Length and cost, from the quote or the specimen policy. Not from a brochure. Not a guess. _____	Length and cost, from the quote or the specimen policy. Not from a brochure. Not a guess. _____	Length and cost, from the quote or the specimen policy. Not from a brochure. Not a guess. _____
Prior acts on the new policy	Will the new prior-acts date replace a tail on the old policy? Do not cancel the old policy until both answers are in writing. _____	Will the new prior-acts date replace a tail on the old policy? Do not cancel the old policy until both answers are in writing. _____	Will the new prior-acts date replace a tail on the old policy? Do not cancel the old policy until both answers are in writing. _____	Will the new prior-acts date replace a tail on the old policy? Do not cancel the old policy until both answers are in writing. _____
Retirement tail	Death, disability, or retirement tail: write the trigger and the years required. Do not assume it is free. _____	Death, disability, or retirement tail: write the trigger and the years required. Do not assume it is free. _____	Death, disability, or retirement tail: write the trigger and the years required. Do not assume it is free. _____	Death, disability, or retirement tail: write the trigger and the years required. Do not assume it is free. _____
Whose tail if you leave	If the agency paid the premium, whose tail is it when you leave? Write the name on the policy. _____	If the group paid the premium, whose tail is it when you leave? Write the name on the policy. _____	If a clinic or university paid the premium, whose tail is it when you leave? Write the name on the policy. _____	If the hospital or group paid the premium, whose tail is it when you leave? Ask whether locums has a tail on either policy. Write the name on the policy. _____

Telehealth scope				
Write in your column	Social worker	Counselor or therapist	Psychologist	Psychiatrist
Modalities the form lists	Video, phone, or office only? Write what the form lists. A platform subscription is not this coverage. _____	Video, phone, or office only? Write what the form lists. A platform subscription is not this coverage. _____	Video, phone, or office only? Write what the form lists. A platform subscription is not this coverage. _____	Video, phone, or office only? Write what the form lists. A platform subscription is not this coverage. _____
Territory	Where the client sits, where you sit, or named states only? Write the wording from the form. _____	Where the client sits, where you sit, or named states only? Write the wording from the form. _____	Where the client sits, where you sit, or named states only? Write the wording from the form. _____	Where the client sits, where you sit, or named states only? Write the wording from the form. _____
Interstate authority is not the policy	If you hold an interstate compact privilege or a multi-state license, write the states. If none, write none. A privilege is not policy territory. _____	If you hold a Counseling Compact privilege, write the states. If none, write none. A privilege is not policy territory. _____	If you hold PSYPACT authority (APIT for telepsychology, or TAP for temporary in-person work), write which. Authority is not policy territory. _____	Write each state where you are licensed to see the client, including any compact license. A license is not policy territory. _____

Telehealth scope, continued				
Write in your column	Social worker	Counselor or therapist	Psychologist	Psychiatrist
Prescribing across a screen	Not this license. If you think you have prescriptive authority, confirm with your board before you write anything else. Otherwise write n/a. _____	Not this license unless a separate prescriptive authority applies in your state. If it does not, write n/a. _____	Not this license unless a separate prescriptive authority applies in your state. If it does not, write n/a. _____	Does this form cover prescribing and medication management by video or phone, or only in-office psychotherapy? Write what it says. _____
Not a cyber policy	Is a privacy or data incident excluded here? Write yes or no. This sheet is not a cyber review. _____	Is a privacy or data incident excluded here? Write yes or no. This sheet is not a cyber review. _____	Is a privacy or data incident excluded here? Write yes or no. This sheet is not a cyber review. _____	Is a privacy or data incident excluded here? Write yes or no. This sheet is not a cyber review. _____

Supervisee coverage				
Write in your column	Social worker	Counselor or therapist	Psychologist	Psychiatrist
Negligent supervision	Are you covered for a claim that you supervised negligently? Write yes, no, or the sublimit. _____	Are you covered for a claim that you supervised negligently? Write yes, no, or the sublimit. _____	Are you covered for a claim that you supervised negligently? Write yes, no, or the sublimit. _____	Are you covered for a claim that you supervised negligently? Write yes, no, or the sublimit. _____
Is the supervisee insured here	Associate, LMSW, or student: named on this policy, or their own policy? Write which. _____	Associate, intern, or registered associate: named on this policy, or their own? Write which. _____	Postdoc, psychological associate, or trainee: named on this policy, or their own? Write which. _____	Resident, NP, or PA: named on this policy, or their own? Collaborative practice is a separate question. Write which. _____
Another license in the practice	Does this policy cover another clinician license type, or only yours? Write it. Do not assume a group policy covers every license in the room. _____	Does this policy cover another clinician license type, or only yours? Write it. Do not assume a group policy covers every license in the room. _____	Does this policy cover another clinician license type, or only yours? Write it. Do not assume a group policy covers every license in the room. _____	Does this policy cover another clinician license type, or only yours? Write it. Do not assume a group policy covers every license in the room. _____
Report timing	How fast must you report a claim, a board letter, or a circumstance that may become a claim? Write the deadline. _____	How fast must you report a claim, a board letter, or a circumstance that may become a claim? Write the deadline. _____	How fast must you report a claim, a board letter, or a circumstance that may become a claim? Write the deadline. _____	How fast must you report a claim, a board letter, or a circumstance that may become a claim? Write the deadline. _____

Questions for a broker — check only when the answer is in writing

- ☐ Send the specimen policy, not only the quote summary.
- ☐ Cite the exclusion for services that are not on the application. Write the page or section.
- ☐ Cite any sexual-misconduct exclusion, and whether defense is still provided.
- ☐ Cite billing-dispute and contractual-liability exclusions, or write that the form has none.
- ☐ Read the territory wording in the form, not in the marketing page.
- ☐ Say whether a board complaint and a malpractice claim share one limit.
- ☐ If you are switching, put the prior-acts date in writing before you cancel the old policy.
- ☐ Name who defends a board matter, and the deadline to report it.

Attach before you bind

- ☐ The quote you are about to accept, with the date on it.
- ☐ The specimen policy or declarations page, not only the brochure.
- ☐ The prior declarations page, if you are switching or renewing.
- ☐ Written answers for any row you could not find in those pages.

I will not bind or renew until the rows I need are on the quote or the declarations page.

Name: _____ Date: _____ Quote ref: _____