

MINNESOTA JOINT UNDERWRITING ASSOCIATION

SUPPLEMENTAL APPLICATION FOR PROFESSIONAL SOCIAL WORKERS  
CLAIMS MADE FORM

1. List names and degrees of each social worker insured: (Please add additional sheets if necessary.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. What type of counseling is performed? \_\_\_\_\_

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

3. How many actual cases does each social worker handle in each year? (This is individual cases, not visits.) \_\_\_\_\_

- \_\_\_\_\_

4. Does the facility accept walk-in clientele or by referral only? \_\_\_\_\_

From where do you accept referrals?

\_\_\_\_ doctors      \_\_\_\_ law enforcement officials      \_\_\_\_ clergy

\_\_\_\_ probation officers      \_\_\_\_ courts      \_\_\_\_ lay counselors

\_\_\_\_ other social service agencies

5. Is all counseling done on-site? \_\_\_\_\_

6. Cases are done on an:      \_\_\_\_ outpatient basis

\_\_\_\_ inpatient basis

\_\_\_\_ both of the above

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date