

- Harleysville Insurance Company of Ohio
- Harleysville - Atlantic Insurance Company
- Harleysville Insurance Company of New Jersey
- Harleysville Mutual Insurance Company
- Harleysville Preferred Insurance Company
- Mid-America Insurance Company
- Harleysville Worcester Insurance Company

**SUPPLEMENTAL PROFESSIONAL LIABILITY
APPLICATIONS
Business Owners Policy**

Business Owners Policy Number:		Change Effective:																
1.	Applicant and Mailing Address	Agent	Agent's Code/Sub															
2.	Proposed Policy Period: From: _____ To: _____																	
3.	Limits of Liability: Refer to Section II Limit on Business Owners Application																	
4.	<p style="text-align: center;">GENERAL BUSINESS INFORMATION</p> <p>Nature of Profession: <input type="checkbox"/> Barber Shop; <input type="checkbox"/> Beautician; <input type="checkbox"/> Hearing Aid Distributor; <input type="checkbox"/> Optician; <input type="checkbox"/> Veterinarian; <input type="checkbox"/> Other: _____</p> <p>Any other professional services offered? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) _____</p> <hr/> <p>Total number of licensed professionals involved in the operation:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Veterinarians _____</td> <td style="width: 50%;">Opticians _____</td> </tr> <tr> <td>Full Time Barbers _____</td> <td>Full Time Beauticians _____</td> </tr> <tr> <td>Part Time Barbers _____</td> <td>Part Time Beauticians _____</td> </tr> </table> <p>(Part Time = less than 20 hours per week)</p>			Veterinarians _____	Opticians _____	Full Time Barbers _____	Full Time Beauticians _____	Part Time Barbers _____	Part Time Beauticians _____									
Veterinarians _____	Opticians _____																	
Full Time Barbers _____	Full Time Beauticians _____																	
Part Time Barbers _____	Part Time Beauticians _____																	
5.	List all licensed professionals involved in Applicant's operation (Applicant, partners, licensed professional employees, etc.). Complete a Professional Information Section for each individual. Use additional applications if necessary.																	
PROFESSIONAL INFORMATION SECTION																		
Name of Professional - include title or designation: _____																		
List all professional licenses: _____																		
Length of time you have been in this profession: _____																		
List of professional board(s), society(ies), etc. with whom you are affiliated: _____																		
Please list formal training beyond high school.																		
<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: center; width: 30%;">School</th> <th style="text-align: center; width: 30%;">Years Completed</th> <th style="text-align: center; width: 40%;">Degree</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				School	Years Completed	Degree	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____																
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_____	_____	_____																
_____	_____	_____																
Has any claim or suit for any alleged malpractice ever been brought against you? Yes <input type="checkbox"/> ; No <input type="checkbox"/> . If yes, please provide details. _____																		
Have you ever had professional liability insurance declined, cancelled or issued on special terms or renewal refused? Yes <input type="checkbox"/> ; No <input type="checkbox"/> . If yes, please provide details. _____																		

