

**PERSONAL COUNSELLORS, SOCIAL WORKERS & THEOLOGISTS SUPPLEMENT**

Forming part of the Professional Liability Application

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An SWG Company

\_\_\_\_\_  
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 |