



School Blanket Professional Liability Insurance Application

Program Offered Through: NSO & HPSO
159 East County Line Road • Hatboro, PA 19040-1218
Phone: 1.800.986.4627 • Fax: 1.866.321.0905
Email: stb.brokers@aon.com

--MSB87E

A. Application Information

Please answer ALL questions and SIGN and DATE this form. Incomplete requests cannot be processed.

- 1. Name of School: _____
- 2. Street Address: _____
City: _____
State: _____ Zip: _____
- 3. Person to contact at school:
 - a. Name: _____
 - b. Title: _____
 - c. Department: _____
 - d. Telephone: _____
 - e. Fax: _____
 - f. Email: _____
- 4. Requested Effective Date of Policy: _____ / _____ / _____
MONTH DAY YEAR
- 5. Are you a member of a professional association(s)? Yes No
Name of association(s): _____

- 6. If you have a current policy, please list the expiration date:
_____/_____/_____
MONTH DAY YEAR
- 7. Is your policy claims-made? Yes No
- 8. Please list your current carrier: _____
- 9. Have any claims been made against a student, faculty member or the school for incidents in the providing of or failure to provide professional services in the past? Yes No
(If "Yes," please provide complete details on a separate sheet of paper and attach to application.)
- 10. Have you ever had professional liability insurance declined, canceled or non-renewed for any reason other than for non-payment of premium? Yes No
Not applicable for MO residents.
- 11. Is your school: Accredited Non-accredited
If non-accredited, please submit state approval.
- 12. How long has your school been in existence? _____

Insurance Agent: Michael J. Loughran Iowa License #IA241616; Florida License #A158896

B. Choose Your Plan

	STUDENTS	FACULTY	SCHOOL	NUMBER OF STUDENTS	MEMBERSHIP FEE	TOTAL ESTIMATED AMOUNT
Plan A up to \$1,000,000 each claim/up to \$5,000,000 aggregate	\$13 Each Student	Included	Included	_____ X \$13	+ \$15	= _____
Plan B up to \$2,000,000 each claim/up to \$5,000,000 aggregate	\$16 Each Student	Included	Included	_____ X \$16	+ \$15	= _____

Your school may be eligible for a discount. Note: minimum premium for an annual period is \$300.00.

Discount information to be completed by HPSO.
We will review your application for appropriate discount opportunities.
Please see last page of application for compensation disclosure information.

*All Applicants must add a Healthcare Providers Organization Purchasing Group Membership Fee of \$15 for School Institutions.

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C. Area of Practice

Name of School: _____

Please estimate the number of students from the Healthcare Specialties listed below to be enrolled during the policy period. If there is more than one session, please indicate the total number of students for all sessions.

- | | | |
|-----------------------------------------------|---------------------------------------------------|-----------------------------------|
| _____ Art Therapist | _____ Health Care/Services Admin | _____ Orthopedic Asst |
| _____ Athletic Trainer | _____ Health Educator | _____ Orthotics/Prosthetics |
| _____ Audiologist | _____ Histologic Tech | _____ Patient Care Asst |
| _____ Bio-Med Technologist | _____ Hospital Pharmacy Tech | _____ Patient Care Technician |
| _____ Blood Bank Tech | _____ Kinesiologist/Kinesiotherapist | _____ Pedorthist |
| _____ Central Services Tech | _____ Laboratory Aide | _____ Perfusionist |
| _____ Certified Lab Tech | _____ Laboratory Tech | _____ Pharmacist |
| _____ Certified Medical Asst | _____ Mammography Technician | _____ Pharmacist Tech |
| _____ Certified Medical Aid | _____ Massage Therapist | _____ Phlebotomist |
| _____ Child Development | _____ Medical Asst | _____ Physical Therapist |
| _____ Chiropractic Asst | _____ Medical Lab Tech | _____ Physical Therapist Asst |
| _____ Circulation Tech | _____ Medical Preparation Tech | _____ Podiatric Asst |
| _____ Clinical Lab Tech | _____ Medical Tech | _____ Polysomnographer |
| _____ Coding/Medical Billing | _____ Medical Tech Asst | _____ Psychological Counselor |
| _____ Community Health Asst | _____ Medical Records Administrator | _____ Psychological Therapist |
| _____ Corrective Therapist | _____ Medical Records Tech | _____ Radiation Therapist |
| Counselor | _____ Mental Health Tech | _____ Radiologic Tech |
| _____ Alcohol/Drug Counselor | _____ Mental Retardation Work | _____ Recreation Therapist |
| _____ Marriage/Family Counselor | _____ Medical Technologist | _____ Rehabilitation Asst |
| _____ Pastoral Counselor | _____ Medical Preparation Tech | _____ Rehabilitation Therapist |
| _____ Personnel and/or Guidance Counselor | _____ MRI Tech | _____ Renal Dialysis Tech |
| _____ School Counselor | _____ Music Therapist | _____ Social Worker |
| _____ Wellness Counselor | _____ Nuclear Medical Tech | _____ Speech Hearing Therapist |
| _____ Clinical/Rehab/ Mental Health Counselor | Nurse | _____ Speech Language Pathologist |
| _____ Dance Therapist | _____ RN | _____ Sports Medicine Instructor |
| _____ Dental Asst | _____ RN First Assist | _____ Sports Medicine Therapist |
| _____ Dental Hygienist | _____ Home Health Aide | _____ Surgical Assistants |
| _____ Dental Lab Tech | _____ LPN/LVN | _____ Surgical First Assist |
| _____ Diagnostic Medical Sonographer | _____ Nurse's Aide | _____ Surgical Technologist |
| _____ Dialysis Tech | _____ Nurse Refresher | _____ Ultrasound Technician |
| _____ Dietitian | _____ Nursing Asst | _____ Vascular Technician |
| _____ EEG Tech | _____ Geriatric Nursing Asst | _____ X-Ray Machine Operator |
| _____ EKG Tech | Nurse Practitioner | |
| _____ Electrologist | _____ Geriatric/Adult or Family Planning - GYN NP | |
| _____ EMS - Paramedic | _____ Psychiatric NP | |
| _____ EMS - Basic/Intermediate | _____ Pediatric/Family Practice /Neonatal NP | |
| _____ EMS - Volunteer | _____ OB/GYN NP | |
| _____ EMS - First Responder | _____ Nutritionist | |
| _____ Enterostomal Therapist | _____ Occupational Therapist | |
| _____ Exercise Physiologist | _____ Occupational Therapist Asst | |
| _____ Gerontology | _____ Optometry Tech/Asst | |

OTHER:
Please use the following space if you need coverage for any students whose specialty is not listed above.

NOTE: You must include the number of students for each specialty listed.

Continue to last page of Application ➔



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Agreement and Signature

I have answered these questions to the best of my knowledge. I certify that I hold the highest credentials or standards appropriate for the healthcare profession for which I have applied as mandated by my state guidelines. I have not withheld information that would influence the judgment of the Insurance Company. My signing of this application does not bind the Company to complete this insurance. It is agreed that this Application shall be on file with the Company and that it shall be deemed to be attached to and made part of the policy, if issued, as if physically attached to the policy. I hereby represent that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my insurance coverage. This application will be the basis of the contract if a Certificate of Insurance is issued.

This program is not available to students training to be physicians, dentists, nurse anesthetists, nurse midwives, chiropractors, or podiatrists. Also, you are not covered for the administration or the operation of motor-driven vehicles.

FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. (For District of Columbia residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.) (For Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.) (For Louisiana residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For Maine residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.) (For Maryland residents only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Oklahoma residents only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.) (For Pennsylvania residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.) (For Tennessee and Washington residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

PLEASE PRINT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____ / _____ / _____
MONTH DAY YEAR

This application must be fully completed, signed and dated in ink. We will issue your certificate of insurance upon approval.

This program is underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company, and is offered through the Healthcare Providers Service Organization Purchasing Group. Coverages, rates and limits may differ or may not be available in all states. All products and services are subject to change without notice. CNA is a registered trademark of CNA Financial Corporation. Copyright © 2017 CNA. All rights reserved.



Nurses Service Organization and Healthcare Providers Service Organization are registered trade names of Affinity Insurance Services, Inc. (TX 13695); (AR 100106022); in CA, MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc., (CA 0694493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.



COMPENSATION and OTHER DISCLOSURE INFORMATION

Nurses Service Organization (NSO) and Healthcare Providers Service Organization (HPSO), are registered trade names of Affinity Insurance Services, Inc., exclusively offer the NSO and HPSO Programs as agents of CNA and provide services that may include the following: program marketing, underwriting, policy management, billing, risk management and client services on its behalf.

Affinity Insurance Services Inc. is an insurance producer licensed in your state. Insurance producers are authorized by their license to advise insurance purchasers about the terms and conditions of particular insurance contracts and to assist in the sale and binding of such policies. Compensation will be paid to the producer by the insurer and/or a third party based on the insurance contract the producer sells. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, Affinity may charge a fee for administrative services. Your signature on this application, or your authorization for payment, is your acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Affinity. You may obtain additional information about compensation received or expected to be received by Affinity regarding the CNA quote on any alternative quotes presented to the purchaser by Affinity, by contacting member services at 1.800.247.1500. In addition, premiums paid to Affinity for remittance to insurers, refunds and claim payments paid to Affinity by insurance companies are deposited into fiduciary accounts in accordance with applicable insurance laws. Subject to such laws and the applicable insurance company's consent, where required, Affinity will retain the interest or investment income earned while such funds are on deposit. Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$6,000,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages first arise. This liability limitation applies to you, our client, against Affinity, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each an "Affinity Group Member"). Nothing in this liability limitation section implies that any Affinity Group Member owes or accepts any duty or responsibility to you. If you assert any claims or make any demands against us or any Affinity Group Member for a total amount in excess of this liability limitation, then you agree to indemnify Affinity for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by Affinity or any Affinity Group Member that exceeds this liability limitation. Aon Corporation, our parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. In such case, the gains or losses we make through our investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at http://www.aon.com/market_relationships for a current listing of such relationships.

A full copy of the Affinity compensation and other disclosure information can be found at www.nso.com/disclosure.

Contracts and Agreements

Aon Corporation's operating affiliates are parties to numerous agreements with many insurance and reinsurance companies, including companies from which our clients have purchased insurance or reinsurance. Please visit http://www.aon.com/market_relationships for more detail on these agreements. A-5574-0817 (3)