



Student Blanket Professional Liability Insurance Application

3. 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.

- | | | |
|--|---|--|
| <input type="checkbox"/> Art Therapist | <input type="checkbox"/> Histologic Tech | <input type="checkbox"/> Physical Therapy Aide |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Hospital Pharmacy Tech | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Human Services | <input type="checkbox"/> Podiatric Asst |
| <input type="checkbox"/> Bio-Med/Biotechnology | <input type="checkbox"/> Interpreter for the Deaf | <input type="checkbox"/> Polysomnographer |
| <input type="checkbox"/> Blood Bank Tech | <input type="checkbox"/> Kinesiologist/Kinesiotherapist | <input type="checkbox"/> Psychological Therapist |
| <input type="checkbox"/> Cardiology Tech | <input type="checkbox"/> Laboratory Aide | <input type="checkbox"/> Radiation Therapist |
| <input type="checkbox"/> Central Service Tech | <input type="checkbox"/> Laboratory Tech | <input type="checkbox"/> Radiologic Tech |
| <input type="checkbox"/> Certified Medical Assistant | <input type="checkbox"/> Mammography Technician | <input type="checkbox"/> Recreation Therapist |
| <input type="checkbox"/> Certified Medical Aid | <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Rehabilitation Asst |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Rehabilitation Therapist |
| <input type="checkbox"/> Chiropractic Asst | <input type="checkbox"/> Medical Lab Tech | <input type="checkbox"/> Renal Dialysis Tech |
| <input type="checkbox"/> Chiropractic Technician | <input type="checkbox"/> Medical Records Admin | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Clinical Lab Tech | <input type="checkbox"/> Medical Records Tech | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Coding/Medical Billing | <input type="checkbox"/> Medical Tech Asst | <input type="checkbox"/> Sonographer |
| <input type="checkbox"/> Community Health Asst | <input type="checkbox"/> Medical Technologist | <input type="checkbox"/> Speech Hearing Therapist |
| <input type="checkbox"/> Community Health Tech | <input type="checkbox"/> Medical Preparation Tech | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Corrective Therapist | <input type="checkbox"/> Medication Aide tech | <input type="checkbox"/> Sports Medicine Instructor |
| | <input type="checkbox"/> Mental Health Tech | <input type="checkbox"/> Sports Medicine Therapist |
| | <input type="checkbox"/> Mental Retardation Worker | <input type="checkbox"/> Surgical Assistant |
| | <input type="checkbox"/> MRI Tech | <input type="checkbox"/> Surgical First Assist |
| | <input type="checkbox"/> Music Therapist | <input type="checkbox"/> Surgical Technologist |
| | <input type="checkbox"/> Nuclear Medical Tech | <input type="checkbox"/> Ultrasound Technician |
| | | <input type="checkbox"/> Veterinary Technician |
| | | <input type="checkbox"/> X-Ray Technician |
| | | <input type="checkbox"/> X-Ray Machine Operator |
-
- Counseling Professionals**
- Alcohol/Drug
 - Clinical Counselor/LPCC
 - Marriage/Family
 - Pastoral
 - Personnel/Guidance/School
 - Psychotherapist
 - Wellness
 - Clinical/Rehab/Mental Health
-
- Nurse**
- RN First Assist
 - RN
 - Home Health Aide
 - LPN/LVN
 - Nurse's Aide
 - Nursing Asst
 - Nurse Refresher
-
- Nurse Practitioner**
- Geriatric/Adult or Family Planning/OBGYN
 - Psychiatric
 - Pediatric/Family Practice/Neonatal /OBGYN
 - Nutritionist
 - Occupational Therapist
 - Occupational Therapist Asst
 - Optometry Tech/Asst
 - Orthopedic Asst
 - Orthotic/Prosthetics
 - Patient Care Asst
 - Patient Care Technician
 - Pedorthist
 - Pharmacist
 - Phlebotomist
 - Physical Therapist
 - Physical Therapist 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.

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4. Agreement

Name of School: _____

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. Once approved, I understand that there is no coverage in force until the premium is paid in full. I have read and consent to the compensation terms below.

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.)

5. Signature

	<p>Please Print Name _____</p> <p>Applicant Signature X _____</p> <p style="text-align: right;">Date: ____ / ____ / ____ MONTH DAY YEAR</p> <p>This application must be fully completed, signed and dated in ink. We will issue your certificate of insurance upon approval.</p>
<p>Agent/Broker Information:</p> <p>Agency Name: _____ Contact Name: _____</p> <p>Address _____ City: _____ State: _____ Zip: _____</p> <p>Telephone: _____ Fax: _____ Email: _____</p>	

COMPENSATION and OTHER DISCLOSURE INFORMATION

Healthcare Providers Service Organization (HPSO), a registered trade name of Affinity Insurance Services, Inc., exclusively offers the HPSO Program as an agent of CNA and provides 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 confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. 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 your application, quote form, check, and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Aon. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by calling 1-800-982-9491.

In addition, premiums paid by Clients to Affinity for remittance to insurers, Client refunds and claim payments paid to Affinity by insurance companies for remittance to Clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. 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 in such accounts.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. When they exist, these investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. 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 web site at http://www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporation and its affiliates hold any ownership interest.

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.