



Safeguards your interest first and foremost.

Occurrence or Claims-Made Coverage with limits of up to \$3 million aggregate, up to \$1 million each claim.*



*Residents of Florida will have limits of up to \$750,000 aggregate, up to \$250,000 each claim
 *Alternative limits are available. Please call 888.273.4686.

Get a quick rate quote through hpso.com/Get-a-Quote

PLEASE PRINT CLEARLY AND COMPLETE THE FOLLOWING:

Name: _____ Date of Birth: _____
 Home Address: _____ Telephone #: _____
 City: _____ E-mail: _____
 State: _____ Zip code: _____

Please answer ALL questions and SIGN and DATE this application. Incomplete applications cannot be processed.

- a.** Please review the class descriptions at the bottom of this page, choose the one applicable to your role and check the corresponding box below

Class: **Class 1** **Class 2** **Class 3** **Full Time** **Part Time** (24 hours or less per week)

Add Consulting Services Endorsement (\$25). See Page 2 for details.

Recent Graduate. If you have graduated within the previous 12 months and you are applying for full-time coverage, you may be eligible for up to 60% discount off your premium.

Graduation Date: ____ / ____ / ____
MONTH DAY YEAR

b. **Employed:** You provide services on behalf of an entity you do not own, receive a W-2 form from your employer and pay your own insurance premium.

c. **Self-Employed:** You provide services on behalf of an entity you do not own as an independent contractor and pay self-employment taxes using a 1099 form. **OR, your employer pays your insurance premium.**

d. **Student:** you are a first-time student who does not currently hold a healthcare license or certification. If you currently hold a license or certification as a healthcare provider, but are a student in another healthcare profession, please call Customer Service at 1.800.982.9491. Graduation Date: ____ / ____ / ____
MONTH DAY YEAR

e. **Own a practice** (ie Inc, P.C., LLC, P.A., Ltd. CORP, DBA, etc.) Please indicate Business Name: _____

Identify your class

- Class 1:** A PA who performs tasks ordinarily reserved for the Physician and who works under the direction and supervision of a licensed physician to assist the physician in the management of patients.
- Class 2:** A PA who is involved in any of the following: Assisting in surgery (other than observation), Trauma/Emergency room procedures/responsibilities (10 hours or less per week), Prenatal or Postnatal care, Assisting in anesthesiology.
- Class 3:** A PA who is involved in any of the following: Orthopedic surgery, OB/GYN Surgery, Cardiovascular Surgery, Thoracic Surgery, Trauma/Emergency Room – Greater than 10 hours/week, OB including delivery room responsibilities, Exposure to Cardiac Catherization lab, Cosmetic Procedures.

- Requested Effective Date of Coverage: ____ / ____ / ____ (Must be within 90 days from the date we receive your application. If date indicated is prior to receipt date or if not filled out, the effective date will be the receipt date.)
MONTH DAY YEAR
- Are you a member of a professional association? Yes No Name of Association: _____
- Within the last ten (10) years, you have received notification of a demand, lawsuit, or claim, related to your professional services (Not applicable for MO residents)..... Yes No
- You are or have been the subject of any disciplinary or investigative inquiry or proceeding by a governmental or administrative agency responsible for maintaining your professional standards. Yes No
- You are aware of any situation, allegation or incident which may reasonably be expected to result in a demand, lawsuit or claim, or lead to a licensing board investigation or proceeding. Yes No

(If you have answered "yes" to questions 4, 5 or 6, please provide complete details on a separate sheet of paper and attach to application.)

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


SIMPLE ENROLLMENT

- Complete both sides.
- Print your name, sign and date in ink.
- Send **all pages** of the application.
- HPSO will reach out to take payment and process the application.

I have answered these questions to the best of my knowledge. 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 render voidable 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 understand that a state mandated surcharge will be added to my annual premium if I am a resident of KY (1.8%), NJ (0.65%), SC (6%) or WV (0.55%). I have read and consent to the compensation terms below.

FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties. (For Alabama residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.) (For Alaska residents only: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.) (For Arizona residents only: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.) (For Arkansas, Louisiana, Rhode Island, and West Virginia 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 California residents only: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.) (For Colorado residents only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.) (For Delaware, Idaho, and Indiana residents only: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.) (For District of Columbia residents only: WARNING: 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 Kentucky residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.) (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 or 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 Minnesota residents only: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.) (For New Hampshire residents only: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.) (For New Jersey residents only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.) (For New Mexico 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 CIVIL FINES AND CRIMINAL PENALTIES.) (For New York 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 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 Ohio residents only: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.) (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 Oregon residents only: Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement of material fact, may be guilty of insurance fraud.) (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 Puerto Rico residents only: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.) (For Maine, Tennessee, Virginia, and Washington 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 include imprisonment, fines and denial of insurance benefits.)

	Please Print Name _____
	Applicant Signature X _____ Date _____ / _____ / _____ MONTH DAY YEAR
This application must be fully completed, signed and dated in ink. We will issue your certificate of insurance upon approval.	

One or more of the CNA companies provide the products and/or services described. The information is intended to present a general overview for illustrative purposes only. It is not intended to constitute a binding contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products and services may not be available in all states and may be subject to change without notice. CNA is a registered trademark of CNA Financial Corporation. Certain CNA Financial Corporation subsidiaries use the "CNA" trademark in connection with insurance underwriting and claims activities. Copyright © 2023 CNA. All rights reserved.

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CA 0G94493

The Consulting Services Liability Endorsement

Growing numbers of healthcare providers are putting their specialized knowledge to use in a consulting, teaching or training role. As a healthcare professional, you may assume that any liability you incur in a professional capacity would be covered under a Professional Liability policy, provided you are working within the scope of practice as regulated in your state.

Professional liability insurance provides coverage should there be an act, error or omission in providing professional services which results in injury. Your knowledge and training can create unique opportunities for you to consult beyond direct client care. But consulting services typically go beyond the scope of direct client care and represent a different kind of risk.

Whether or not your specific consulting, teaching or training activities are also within the scope of practice in your state is a question best answered by your state's regulatory agencies. But from an insurance perspective, it is important for you to know that liability that results from consulting may not be covered under professional liability insurance. Losses that typically arise out of a consulting practice are economic or financial rather than injury or damage. **The professional liability policy addresses incidents arising from your professional services that result in injury or damage.**

Exposure to financial liability is a risk you don't have to take. **The Consulting Services Liability Endorsement provides coverage for when you use your professional skills and knowledge in settings that do not involve direct client care.** You can add this valuable protection to your new policy for only \$25 a year. Please note you must be a licensed professional in order to be eligible for the Endorsement. For more information, visit www.hpso.com/consult.

COMPENSATION and OTHER DISCLOSURE INFORMATION

Healthcare Providers Service Organization, 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 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 1.800.545.4724. 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 <https://www.aon.com/about-aon/corporate-governance/guidelines-policies/market-relationship.jsp> for a current listing of such relationships.

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

Contracts and Agreements

Aon Corporation's operating affiliates are parties to numerous agreements with many insurance companies, including companies from which our clients have purchased insurance or reinsurance. Please visit <https://www.aon.com/about-aon/corporate-governance/guidelines-policies/market-relationship.jsp> for more detail on these agreements.