



# School Blanket Professional Liability Insurance Application



Program Offered Through: NSO & HPSO  
1100 Virginia Drive, Suite 250 • Fort Washington, PA 19034  
Phone: 800.986.4627 • Email: stb.brokers@aon.com

\_ \_NSB48E

## A. Application Information

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

- Name of School: \_\_\_\_\_
- Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Person to contact at school:
  - Name: \_\_\_\_\_
  - Title: \_\_\_\_\_
  - Department: \_\_\_\_\_
  - Phone: \_\_\_\_\_ e. Fax: \_\_\_\_\_
  - Email: \_\_\_\_\_
- Requested Effective Date of Policy: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR
- Are you a member of a professional association(s)? \_\_\_\_\_  Yes  No  
Name of Association(s): \_\_\_\_\_
- If you have a current policy, please list the expiration date:  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

- Is your policy claims-made? \_\_\_\_\_  Yes  No
- Please list your current carrier: \_\_\_\_\_
- 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.*
- 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.*
- Is your school:  Accredited  Non-accredited  
*If non-accredited, please submit state approval.*
- How long has your school been in existence? \_\_\_\_\_
- Would you like to include the optional General Liability Insurance? \_\_\_\_\_  Yes  No  
*(Not all firms are eligible for this coverage. There is an additional charge for this coverage pending underwriter approval. Rate may vary due to additional location or higher limit request.)*

## B. Your Plan

Up to \$1,000,000 each claim/up to \$5,000,000 aggregate

The following is an estimated premium per student.				
PROFESSION	LIMITS	STUDENTS	FACULTY	SCHOOL
APRN**	\$1MM/\$5M	\$35	No charge	No charge
All other	\$1MM/\$5M	\$13	No charge	No charge
<i>This is used as an estimate. Eligibility will be determined during the application review process.</i>				
Indicate the total number of students next to each group.				
		NUMBER OF STUDENTS	TOTAL ESTIMATED PREMIUM	
\$1MM/\$5M	\$35	_____ x \$35 + \$20	= \$ _____	
\$1MM/\$5M	\$13	_____ x \$13 + \$20	= \$ _____	
<i>Note: Minimum premium for an annual period is \$300.00 + HPSO Purchasing Group Membership Fee of \$20.</i>				

**Note: Minimum premium for an annual period is \$300.00.**

Discount information to be completed by HPSO & NSO. 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 \$20 for School Institutions.  
\*\*APRN Students vary by state.

Insurance Agent/Producer: David Griffiths Florida License# G234999 Iowa License# 8817437

# School Blanket Professional Liability Insurance Application



Program Offered Through: NSO & HPSO

## 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.

<input type="checkbox"/> Art Therapist	<input type="checkbox"/> Hospital Pharmacy Tech	<input type="checkbox"/> Patient Care Technician
<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Kinesiologist/Kinesiotherapist	<input type="checkbox"/> Pedorthist
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Laboratory Aide	<input type="checkbox"/> Perfusionist
<input type="checkbox"/> Bio-Med Technologist	<input type="checkbox"/> Laboratory Tech	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Blood Bank Tech	<input type="checkbox"/> Mammography Technician	<input type="checkbox"/> Pharmacist Tech
<input type="checkbox"/> Central Services Tech	<input type="checkbox"/> Massage Therapist	<input type="checkbox"/> Phlebotomist
<input type="checkbox"/> Certified Lab Tech	<input type="checkbox"/> Medical Asst	<input type="checkbox"/> Physician Assistant*
<input type="checkbox"/> Certified Medical Asst	<input type="checkbox"/> Medical Lab Tech	<input type="checkbox"/> Physical Therapist
<input type="checkbox"/> Certified Medical Aid	<input type="checkbox"/> Medical Preparation Tech	<input type="checkbox"/> Physical Therapist Asst
<input type="checkbox"/> Child Development	<input type="checkbox"/> Medical Tech	<input type="checkbox"/> Podiatric Asst
<input type="checkbox"/> Chiropractic Asst	<input type="checkbox"/> Medical Tech Asst	<input type="checkbox"/> Polysomnographer
<input type="checkbox"/> Circulation Tech	<input type="checkbox"/> Medical Records Administrator	<input type="checkbox"/> Psychological Counselor
<input type="checkbox"/> Clinical Lab Tech	<input type="checkbox"/> Medical Records Tech	<input type="checkbox"/> Psychological Therapist
<input type="checkbox"/> Coding/Medical Billing	<input type="checkbox"/> Mental Health Tech	<input type="checkbox"/> Radiation Therapist
<input type="checkbox"/> Community Health Asst	<input type="checkbox"/> Mental Retardation Work	<input type="checkbox"/> Radiologic Tech
<input type="checkbox"/> Corrective Therapist	<input type="checkbox"/> Medical Technologist	<input type="checkbox"/> Recreation Therapist
<input type="checkbox"/> Alcohol/Drug Counselor	<input type="checkbox"/> Medical Preparation Tech	<input type="checkbox"/> Rehabilitation Asst
<input type="checkbox"/> Marriage/Family Counselor	<input type="checkbox"/> MRI Tech	<input type="checkbox"/> Rehabilitation Therapist
<input type="checkbox"/> Pastoral Counselor	<input type="checkbox"/> Music Therapist	<input type="checkbox"/> Renal Dialysis Tech
<input type="checkbox"/> Personnel and/or Guidance Counselor	<input type="checkbox"/> Nuclear Medical Tech	<input type="checkbox"/> Social Worker
<input type="checkbox"/> School Counselor		<input type="checkbox"/> Speech Hearing Therapist
<input type="checkbox"/> Wellness Counselor		<input type="checkbox"/> Speech Language Pathologist
<input type="checkbox"/> Clinical/Rehab/Mental Health Counselor		<input type="checkbox"/> Sports Medicine Instructor
<input type="checkbox"/> Dance Therapist		<input type="checkbox"/> Sports Medicine Therapist
<input type="checkbox"/> Dental Asst		<input type="checkbox"/> Surgical Assistants
<input type="checkbox"/> Dental Hygienist		<input type="checkbox"/> Surgical First Assist
<input type="checkbox"/> Dental Lab Tech		<input type="checkbox"/> Surgical Technologist
<input type="checkbox"/> Diagnostic Medical		<input type="checkbox"/> Ultrasound Technician
<input type="checkbox"/> Sonographer		<input type="checkbox"/> Vascular Technician
<input type="checkbox"/> Dialysis Tech		<input type="checkbox"/> Veterinary Technician
<input type="checkbox"/> Dietitian		<input type="checkbox"/> X-Ray Machine Operator
<input type="checkbox"/> EEG Tech		
<input type="checkbox"/> EKG Tech		
<input type="checkbox"/> Electrologist		
<input type="checkbox"/> EMS - Paramedic		
<input type="checkbox"/> EMS - Basic/Intermediate		
<input type="checkbox"/> EMS - Volunteer		
<input type="checkbox"/> EMS - First Responder		
<input type="checkbox"/> Enterostomal Therapist		
<input type="checkbox"/> Exercise Physiologist		
<input type="checkbox"/> Gerontology		
<input type="checkbox"/> Health Care/Services Admin		
<input type="checkbox"/> Health Educator		
<input type="checkbox"/> Histologic Tech		

**NURSE / NURSE PRACTITIONER**

RN

RN First Assist

CRNA\*

Home Health Aide

LPN/LVN

Nurse's Aide

Nurse Midwife\*

Nurse Refresher

Nursing Asst

Geriatric Nursing Asst

Geriatric/Adult or Family Planning - GYN NP\*

Psychiatric NP\*

Pediatric/Family Practice/ Neonatal NP\*

OB/GYN NP\*

\*May be considered an APRN student, varies by state.

Nutritionist

Occupational Therapist

Occupational Therapist Asst

Optometry Tech/Asst

Orthopedic Asst

Orthotics/Prosthetics

Patient Care 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.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# School Blanket Professional Liability Insurance Application

Program Offered Through: NSO & HPSO



## Agreement and Signature

I have answered these questions truthfully, accurately, and completely. 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 any information that would influence the judgment of the Insurance Company. My signing of this application does not bind the Company to complete the insurance. This application will be the basis of the contract should a Certificate of Insurance be issued. If a policy is issued, the Company has relied upon, as representations, this Application, any supplemental applications, and other statements furnished to the Company in connection with this Application. This Application will form the basis of a contract and shall be on file with the Company or Program Administrator and shall be deemed to be attached to and made part of the policy and Certificate of Insurance, if issued, as if physically attached thereto. I understand that any material misrepresentation in the application will render the Certificate of Insurance, if issued, voidable from inception and, where required by law the Insurance Company may petition the court to declare its rights, and agree that the Insurance Company will not defend or pay any amounts or claim expense for any claim based on, arising out of, or in any way involving such materially misrepresented incidents, circumstances or allegations asked about previously in this application, whether disclosed or not. 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 FL, KY, NJ, SC or WV. I have read and consent to the compensation terms below.

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

### For Louisiana residents:

This application is amended with the following:

In issuing this policy, we have relied upon the truthfulness and accuracy of the statements, representations, and information in the application. The application will be deemed attached to the policy and incorporated into the policy as if fully and completely set forth therein. If the application's statements, representations, and information contain any material misrepresentation, material omission or material inaccuracy, that is false, made with intent to deceive, and is material to the risk, we reserve the right to cancel or rescind this policy.

## 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 **Nevada** residents only: Any person who knowingly presents materially 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 **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 **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 **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.) (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 **Oregon and Vermont** 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 and subject to penalties under state law.)



PLEASE PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

APPLICANT SIGNATURE: \_\_\_\_\_

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 © 2026 CNA. All rights reserved.

Nurses Service Organization and Healthcare Providers Service Organization are registered trade names of Affinity Insurance Services, Inc. (TX 13695); (AR100106022); 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 0G94493); Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.

CA 0G94493

#### COMPENSATION and OTHER DISCLOSURE INFORMATION

Nurses Service Organization and Healthcare Providers Service Organization, are registered trade names 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. ("Affinity") 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. 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. 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 any fee charged by Affinity. 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 contacting member services at 1.800.545.4724. Premiums paid by clients to Affinity for remittance to insurers and any funds 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. In placing, renewing, consulting on or servicing your insurance coverages Affinity and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Affinity with the insurance company or the overall performance of the policies placed with that insurance company, not on an individual policy basis. In addition to retail commissions, Affinity and its affiliates may receive additional forms of compensation from insurers and third parties including but not limited to: contingencies, overrides, bonus commissions, national additional commissions, wholesale commissions, subscription market brokerage charges, referral fees and/or administrative expense reimbursements. This revenue is in addition to and shall not be credited against a fee or any other compensation earned hereunder. 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 arise. This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against Affinity, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each an "Affinity Group Member" of the "Affinity Group"). Nothing in this liability limitation section implies that any Affinity Group Member owes or accepts any duty or responsibility to any Client Group Member. If you or any of any Client Group Member asserts any claims or makes 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 plc, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. Please visit <https://www.aon.com/about-aon/corporate-governance/guidelines-policies/market-relationship> for more information.

A full copy of the Affinity compensation and other disclosure information can be found at <https://www.nso.com/compensation-disclosure> and <https://www.hpso.com/disclosure>.