

MEMORANDUM

TO: All Graduate Students Planning to Intern!!

RE: Mandatory Liability Insurance

You must purchase your own liability insurance in order to intern. A Professional Liability Insurance Program – Student Application is below; however, you are free to purchase professional liability insurance from any company of your choice.

For the application below, you should check the “other” box and attach a copy of your specific concentration curriculum page. **You will not be cleared to intern without a copy of your certificate of policy on file with Susie Weldon in room 100 FLG.**

Professional Liability Insurance Program - Student Application

Licensed/Registered: If you have passed your licensing examination and are licensed or registered **DO NOT** use the form below. Please contact the Administrator for an appropriate application, indicating your professional status.

Please Print. Please complete both pages of this form.

Last Name	First Name	Middle Initial
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Home Address

City	State	Zip
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Social Security Number	Email Address	Daytime Phone Number
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Full Name of School

Address of School

City	State	Zip
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Scheduled Date of Graduation: Month _____ Year _____

Check Type of Student

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PROFESSIONAL LIABILITY INSURANCE PROGRAM – STUDENT APPLICATION

Limits of Liability
\$2,000,000 each incident/\$4,000,000 aggregate
\$1,000,000 each incident/\$3,000,000 aggregate

Premium - 1 year
 \$41.00
 \$35.00

Multiple-Year Certificate Option
\$2,000,000 each incident/\$4,000,000 aggregate
\$1,000,000 each incident/\$3,000,000 aggregate

Premium - 2 years
 \$80.00
 \$68.00

Premium – 3 years
 \$115.00
 \$ 98.00

I understand that I am not covered by this insurance if I am any of the following: physician, surgeon, dentist, nurse, midwife, cytotechnologist, perfusionist, electroneurodiagnostic technologist, chiropractor, podiatrist, osteopath, psychiatrist, attorney, accountant, financial advisor, investment consultant or real estate or insurance agent or broker. I understand that these professional occupations are excluded from coverage. I understand that this insurance will not apply to any partner, principal or owner of a residential/overnight facility. The insurance described herein is subject to the terms, conditions and exclusions of the insurance certificate. This insurance is excess when other insurance applies to a loss.

In order to enhance the stability of this professional liability insurance program, coverage has been organized through a purchasing group, pursuant to legislation, known as the Federal Liability Risk Retention Act of 1986, enacted by Congress. Coverage is provided to the purchasing group by the Chicago Insurance Company, a member of Interstate National Corporation, one of the Fireman’s Fund Insurance Companies. Once the completed application has been approved and the premium has been received, you will automatically become a member of the Allied Health Purchasing Group Association, located and domiciled in Illinois and obtain the insurance coverage afforded through the Group Policy on an annual term.

This application is subject to the underwriter’s approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue you insurance coverage. Coverage will become effective following the receipt of your acceptable application and premium payment. Your application cannot be processed unless it is completed in its entirety. The application is subject to the company’s underwriting rules.

I declare the information contained in the application is true and that no material facts have been suppressed or misstated. I understand that incorrect information could void the protection. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Notice to New York Applicants: 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.

Coverage is effective the date* your enrollment form and payment are received and approved in our offices unless another later date is shown here _____

*Effective date may not be earlier than the date Seabury & Smith receives and approves this application.

(Do not, however, submit an application more than 90 days prior to the effective date desired).

I have enclosed my remittance of \$ _____.

Signature _____

Date _____ Date of Birth _____

Make Check or Money Order Payable to the appropriate administrator. Send Student application and Payment to:

For all residents except Ohio:

Seabury & Smith
Joan F. O’Sullivan, Licensed Agent
75 Remittance Dr., Suite 1788
Chicago, Illinois 60675-1788
1-800-621-3008, ext. 45105
312-427-1441, ext. 45105

For Ohio Residents only:

Maginnis & Associates Agency of Ohio
P.O. Box 543
Reynoldsburg, OH 43068-0543
1-800-345-6917 (Ohio residents)
1-614-866-3195 (Columbus area)