

Professional Liability Insurance for Students

Responsibility. As your student responsibilities increase, so does the chance of you being named in a lawsuit, regardless of the charges. Frivolous and unjustified claims are commonplace in today's courts. Professional Liability insurance is a necessary safeguard for any student healthcare professional. Vulnerability. A lawsuit could end your career and cripple you financially. Professional Liability insurance could help protect you from professional and financial devastation... as soon as you are threatened in a law suit.

Pays 1,000,000/3,000,000 Professional Liability Coverage

1,000,000/ 3,000,000 Professional Liability protection on covered claims arising from real or alleged negligence. The insurance company may pay up to \$1,000,000 per incident or up to a total of 3,000,000 for all covered incidents, regardless of the number of claims of persons involved.

Additional protection with Supplement Liability Coverage By adding supplement liability coverage, subject to the terms of the insurance certificate, you are covered for bodily injury and property damage occurrences not related to your professional duties.

If you have passed your licensing examination and are licensed or registered do not use this form. Please contact the administrator for appropriate enrollment form indicating your professional status.

Last Name: _____ First Name: _____

Address (Home) _____

City: _____ State: _____ Zip: _____

School ID. Number: _____ Daytime Phone Number: _____

Full Name of School: _____

Address of School: _____

City: _____ State: _____ Zip: _____

Schedules Date of Graduation: Month _____ Year: _____

Check Type of Student

Student Recreational Therapist

Student Rehabilitation Therapist

Student Rehabilitation

Student Social Worker

Student Occupational Therapist

Student Substance Abuse Counselor

Other– Explain and include a copy of the curriculum on a separate sheet of paper.

Eastfield College

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Allied Health Insurance

I understand that I am not covered by this insurance if I am any of the following: physician, surgeon, dentist, nurse midwife, chiropractor, podiatrist, osteopath, psychiatrist, attorney, accountant, financial advisor, investment consultant, or real estate or insurance agent or broker. I understand that these professionals occupations are excluded from coverage. I understand that the 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.

Once the completed application has been approved and the premium has been received you will become a member of the Lone Star Health Care Purchasing Group. Located and Domiciled in Texas 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 of defraud any insurance company or any other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fat material thereto commits a fraudulent insurance act.

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| Limits of Liability 1,000,000 each incident/ \$3,000,000 aggregate | Premium– 1 year \$ 18.13 |
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Coverage is effective the date your enrollment form and payment are received and accepted in our offices.

Signature

Date