

PROFESSIONAL LIABILITY INSURANCE PROGRAM STUDENT APPLICATION

Broker ID # 31634 (Internal use only)
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HOW TO APPLY:

1. You may apply on-line at www.proliability.com or complete application below. (Please print or type all information)
2. Note the annual premium below for the policy you selected.
3. Return your completed application, along with your annual premium, to the address provided.

Coverage is effective the date your application is approved and payment is received.

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

Section A. APPLICANT INFORMATION

First Name	Initial	Last Name	
Physical Street Address (<i>PO Boxes Not Allowed</i>)	City	State	Zip
Mailing Address (IF DIFFERENT THAN ABOVE)	City	State	Zip
Daytime Phone #	Fax #	Home Phone #	
Date of Birth (DD/MM/YYYY)	E-Mail Address		
Full Name of School	Scheduled Date of Graduation: Month/Year		
Address of School	City	State	Zip
Effective Date Desired (MM/DD/YYYY)			

Are you an active member of a healthcare association? Yes No

If "Yes", please list the healthcare association.

Section B. PROFESSIONAL LIABILITY INSURANCE PROGRAM

CLASS 1 - ELIGIBLE STUDENT OCCUPATIONS (Please check your specialty):

<input type="checkbox"/> Art Therapist	<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Behavioral Therapist	<input type="checkbox"/> Biomedical Technician
<input type="checkbox"/> Blood Bank Technologist	<input type="checkbox"/> Cardiopulmonary Technician	<input type="checkbox"/> Cardiology Technician	<input type="checkbox"/> Cardiovascular Technician
<input type="checkbox"/> Child Care Assistant	<input type="checkbox"/> Child Development and/or Family Services	<input type="checkbox"/> Clinical Laboratory Technician	<input type="checkbox"/> Community Health Intern
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Counselor	<input type="checkbox"/> Cytogenetic Technologist	<input type="checkbox"/> Dance Therapist
<input type="checkbox"/> Dental Assistant	<input type="checkbox"/> Dental Hygienist	<input type="checkbox"/> Dental Laboratory Technician	<input type="checkbox"/> Dental Therapist
<input type="checkbox"/> Dialysis Technician	<input type="checkbox"/> Dietitian(Non-Academy)*	<input type="checkbox"/> Dietetic Technician	<input type="checkbox"/> Drama Therapist
<input type="checkbox"/> Drug and Alcohol Counselor	<input type="checkbox"/> Electroencephalographic Technician (EEG Technician)	<input type="checkbox"/> Electrocardiograph Technician (EKG Technician)	<input type="checkbox"/> Electrophysiology Technologist
<input type="checkbox"/> Enterostomal Therapist	<input type="checkbox"/> Health Coach	<input type="checkbox"/> Hemodialysis Technician	<input type="checkbox"/> Histologic Technician
<input type="checkbox"/> Interpreter for the Deaf	<input type="checkbox"/> Laboratory Aide	<input type="checkbox"/> Laboratory Assistant	<input type="checkbox"/> Lactation Consultant
<input type="checkbox"/> Marriage and Family Counselor/Therapist	<input type="checkbox"/> Massage Therapist	<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Medical Laboratory Technician
<input type="checkbox"/> Medical Records and Procedural Coders	<input type="checkbox"/> Medical Technologist	<input type="checkbox"/> MRI Technician	<input type="checkbox"/> Music Therapist
<input type="checkbox"/> Nuclear Medical Technologist	<input type="checkbox"/> Nutritionist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapy Assistant
<input type="checkbox"/> Ophthalmic Photographer	<input type="checkbox"/> Ophthalmic Technologist	<input type="checkbox"/> Optician	<input type="checkbox"/> Optometric Technician
<input type="checkbox"/> Optometrist	<input type="checkbox"/> Orthopedic Technician	<input type="checkbox"/> Orthotist	<input type="checkbox"/> Pastoral Counselor
<input type="checkbox"/> Personnel and/or Guidance Counselor	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Pharmacist Technician	<input type="checkbox"/> Phlebotomist
<input type="checkbox"/> Polysomnographic Technician	<input type="checkbox"/> Psychiatric Technician	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Radiologic Technologist
<input type="checkbox"/> Recreational Therapist	<input type="checkbox"/> Rehabilitation Assistant	<input type="checkbox"/> Rehabilitation Counselor/Therapist	<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Respiratory Therapy Technician	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Surgical Technologist	<input type="checkbox"/> Vascular Technician
<input type="checkbox"/> X-Ray Technician	<input type="checkbox"/> OTHER STUDENT OCCUPATION - If your specific curriculum is not listed, please indicate your course of study here: _____ Explain and include a copy of the curriculum on a separate sheet of paper.		

Multi-year Certificate Options	\$1,000,000 each incident \$3,000,000 annual aggregate
1 Year	<input type="checkbox"/> \$35
2 Year	<input type="checkbox"/> \$68
3 year	<input type="checkbox"/> \$98

Other limit options may be available upon request, please visit www.proliability.com/faq for further instructions.

ACADEMY ACTIVE STUDENT MEMBER (Please check your specialty):

<input type="checkbox"/> Dietitian	<input type="checkbox"/> Dietetic Technician
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Certificate Options	\$1,000,000 each incident \$5,000,000 annual aggregate
1 Year	<input type="checkbox"/> \$ 20

CLASS 2 - ELIGIBLE STUDENT OCCUPATIONS (Please check your specialty):

<input type="checkbox"/> Geriatric Nursing Assistant	<input type="checkbox"/> LPN/LVN	<input type="checkbox"/> Nurse	<input type="checkbox"/> Nurse Aide
<input type="checkbox"/> Nursing Assistant	<input type="checkbox"/> Psychiatric Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Physical Therapist
<input type="checkbox"/> Physical Therapist Assistant			

Multi-Year Certificate Options	\$1,000,000 each incident \$3,000,000 annual aggregate
1 Year	<input type="checkbox"/> \$ 33
2 Year	<input type="checkbox"/> \$64
3 year	<input type="checkbox"/> \$ 92

Other limit options may be available upon request, please visit www.proliability.com/faq for further instructions.

CLASS 3 - ELIGIBLE STUDENT OCCUPATIONS (Please check your specialty):

ASHA MEMBERS ONLY

<input type="checkbox"/> Audiologist	<input type="checkbox"/> Audiologist Assistant	<input type="checkbox"/> Speech Language Pathologist	<input type="checkbox"/> Speech Language Pathologist Assistant
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Certificate Options	\$1,000,000 each incident \$3,000,000 annual aggregate
1 Year	<input type="checkbox"/> \$ 30

Other limit options may be available upon request, please visit www.proliability.com/faq for further instructions.

CLASS 4 - ELIGIBLE STUDENT OCCUPATIONS (Please check your specialty):

<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Surgeon Assistant
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Certificate Options = 1 Year	\$1,000,000 each incident \$3,000,000 annual aggregate
[California, Florida (Date and Broward), Illinois (Cook), Texas (Dallas, Fort Worth, Houston, Galveston, Beaumont, McAllen, Brownsville and Harlingen)	<input type="checkbox"/> \$ 244
New York- Bronx, Kings, Nassau, New York, Queens, Richmond and Suffolk	<input type="checkbox"/> \$ 148
New York – Rest of State	<input type="checkbox"/> \$ 91
Rest of Country]	<input type="checkbox"/> \$ 151

Other limit options may be available upon request, please visit www.proliability.com/faq for further instructions.

Section C. PREMIUM CALCULATIONS

*If you are a resident of KY, have opted in to the VA statutory cap, or are participating in Indiana Patient Compensation Fund, please do not submit premium at this time. You will receive a quote from our Underwriting Department once your application is received and reviewed.

** For more information visit www.proliability.com/faq.

Step 1. PREMIUM FROM SECTION B \$ _____

Step 2. PLUS APPLICABLE STATE TAXES OR SURCHARGES \$ _____

NJ RESIDENTS ONLY: ADD .6% OF THE SUBTOTAL ABOVE FOR *PLIGA SURCHARGE

WV RESIDENTS ONLY: ADD .55% OF THE SUBTOTAL ABOVE FOR *WV FIRE & CASUALTY SURCHARGE

***PLIGA = NJ Property-Liability Insurance Guaranty Association Surcharge.** The New Jersey Insurance Commissioner has instructed all licensed property and casualty insurers, including Liberty Insurance Underwriters Inc., to pay assessments for the state NJ Property-Liability Insurance Guaranty Association Surcharge. The current surcharge amount is .6% of the total annual premium.

***West Virginia Fire and Casualty Surcharge.** The West Virginia Insurance Commissioner has instructed all licensed property and casualty insurers, including Liberty Insurance Underwriters Inc., to pay assessments for the state West Virginia Fire and Casualty Surcharge. The current surcharge amount is .55% of the total annual premium.

***Kentucky Residents:** Due to state taxes and surcharges, please do not submit premium at this time. You will receive a quote from our underwriting department once your application is received and reviewed

Virginia residents only: Information regarding participation in the VA Statutory Cap for Professional Liability set forth in Section 8.01-581.15 of the VA Code Ann.

You have the option of participating in the above statutory cap; however by opting in, you understand that there will be a corresponding increase in premium and that this shall apply to all future renewals, reinstatements, rewrites or replacement policies issued by the Insurer unless otherwise requested by the Applicant in writing.

- Option One – increase my per incident/occurrence limit of liability annually to maintain limits at least equal to the statutory cap.
- Option Two – In addition to increasing my per incident/occurrence limit of liability, I also want to increase my annual aggregate limit annually to be three times the per incident/occurrence limit

Please note that the available limit may be higher than the statutory cap. Please do not submit premium at this time. You will receive a quote from our Underwriting Department once your application is received and reviewed. We also offer coverage online, you can apply at: www.proliability.com.

Step 3. PLUS RISK PURCHASING GROUP MEMBERSHIP FEE

\$ 2.00

"Risk Purchasing Group (RPG) membership fees are used to pay for expenses related to the management and administration of the RPG, including but not limited to RPG state filings and registrations, as well as the creation of risk management and risk avoidance education materials provided to RPG members. The RPG has entered into an administrative services agreement with an affiliated entity, Mercer Health & Benefits Administration, LLC ("Mercer"), for the management and administration of the RPG, and the RPG fees will be used to pay Mercer for the administrative services it provides to and on behalf of the RPG. Please note that the RPG membership fee is subject to change based on the effective date of your policy."

Step 4. TOTAL PREMIUM DUE (ROUND TO NEAREST WHOLE DOLLAR)

\$ _____

Section H. SIGN AND DATE APPLICATION

I understand that I am not covered by this insurance for rendering or failing to render any professional services as a physician, surgeon, dentist, nurse midwife, chiropractor, podiatrist, acupuncturist, nurse anesthetist, osteopath, psychiatrist, attorney, accountant, financial advisor, investment consultant, 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 proprietor, owner, partner, manager, superintendent, or officer of any hospital, sanitarium, medical clinic, managed care facility, health maintenance organization, utilization review operation or any other facility.

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 Liberty Insurance Underwriters Inc. Once the completed application has been approved and the premium has been received, you will automatically become a member of the American Health Care Professions 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.

INSURANCE FRAUD WARNINGS

IN ALL STATES OTHER THAN THOSE LISTED BELOW: 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 may be a crime and may subject the person to criminal and civil penalties.

ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA: 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.

COLORADO: 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.

DISTRICT OF COLUMBIA: 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.

FLORIDA: 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.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY: 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.

MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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 denial of insurance benefits.

MARYLAND: Any person who knowingly or 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.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: 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.

NEW YORK: 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.

OHIO: 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.

OKLAHOMA: 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.

PENNSYLVANIA: 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.

YOU MUST SIGN AND DATE THIS APPLICATION

Declaration and Signature -

The undersigned, on behalf of all prospective insureds, after a reasonable inquiry, declares to the best of his/her knowledge and belief that the statements contained herein are true and are the basis of the acceptance of the risk or the hazard assumed by the Company under this Policy. It is further agreed by the undersigned, its Subsidiaries and their directors, officers and trustees that the Policy, if issued, is in reliance upon the truth of such representations. It is agreed that, although the signing of the Application does not commit the undersigned to purchase the insurance being applied for, the statements made in this Application shall become the basis of the Policy should one be purchased. The Company is hereby authorized to make any investigation and inquiry in connection with this Application deemed necessary.

_____/_____/_____
Applicant Signature Date

Name of individual signing this application (printed)

Enclosed is my check for \$_____
Make check payable to Mercer Consumer and return your check and this application.
May not be earlier than the date the administrator receives and approves this application.

If you choose to pay by credit card, visit www.mercersecureservice.com/110 to enter your credit card information and upload this form*. Submission of your credit card information to Mercer does not constitute receipt of payment or approval or binding of coverage by the insurer. Any coverage is subject to the terms and conditions of the insurance policy issued by the insurer.
Payment will be processed upon review and acceptance of your submission.

Note: Credit card payments are not accepted by email or fax.

Section Below For Producer/Agency Information Only

_____/_____/_____
Producer's Signature Producer's License Number Date

Producer's Name



Program Administered by:
Mercer Health & Benefits Administration LLC*(“Mercer Consumer”)
PO BOX 310395
Des Moines, IA 50331-0395
1-800-503-9230
www.proliability.com

AR Insurance License #100102691
CA Insurance License #0G39709
Mark Brostowitz, Licensed Agent
In CA d/b/a Mercer Health & Benefits Insurance Services LLC

Underwritten by: Liberty Insurance Underwriters Inc.

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Mercer Consumer Insurance Compensation & Disclosure

In this transaction, Mercer Consumer, a service of Mercer Health & Benefits Administration LLC, is acting as the exclusive insurance agent and program manager for Liberty Insurance Underwriters Inc. (Insurer) for this type of coverage, and not as your insurance broker. As the agent for Insurer, Mercer Consumer may provide these services: enrollments, ongoing servicing, billing, marketing, customer administrative and claim servicing and communications.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers or from other insurance intermediaries, which may be contingent upon such factors as volume, growth or retention of business. This compensation may include payment from insurers for marketing-related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation upon your request.

You may obtain this information by referring to <https://www.personal-plans.com/disclosure> and entering the security code o3975329 or call us at 1-888-206-5088 for specific details.

To review the applicable Liberty policy form, you may download it at our website: <https://www.proliability.com/lp/plpolicyforms/index.html>. Once you have been approved for coverage, you will also receive a complete packet of your policy documents.