

## Application for Individual Students

**SAVE MONEY: Apply online and pay by credit card at [www.cphins.com](http://www.cphins.com) to receive a 5% online discount.**

<b>Section 1: Applicant Information</b>	For office use only: Approved _____ Effective Date _____
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Name	Residence Phone
Attn/Address 2	Business phone
Street	Fax
City	State
Zip	Email

**\*Please select your area of study:**  Mental Health  Allied Health  Massage Therapy  RN/LPN/LVN Nurse  
**\*Check Associations with which your membership is currently active:**  AMHCA  ASCA  APBA  CSWA  CSCSW  AANC  
 IAMFC  ACA  AKTA  ATRA  NANP  ILDTA  AAMFT  CAMFT  NCRA  None of these

### Section 2: Professional Liability Rates & Limits

**Limits of Liability: \$1 Million occurrence/\$5 Million aggregate**  
**Premium: \$15 per year**

### Section 3: Qualification Questions

1. Have you ever been insured with CPH & Associates? <i>*If yes, please provide policy number(s) and/or name(s) under which you were insured: _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been refused coverage for professional liability or malpractice insurance or has your malpractice or professional liability insurance ever been canceled or declined for renewal (non-renewed)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any claim or suit ever been brought against you for alleged malpractice or professional liability, or are you aware of any incident or existing circumstances that might reasonably lead to a claim or suit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been accused of sexual misconduct or any professional impropriety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have any complaints ever been filed against you or have there ever been any formal or informal investigations or inquiries opened with a peer review committee or an ethics committee of a professional association, hospital, health care facility, licensing board, or any other governmental or private entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 4: Total Your Annual Premium

1. Enter your Professional Liability Premium (from Section 2)	\$	<b>State Tax Amounts</b>  **If you are a Kentucky, Louisiana, or West Virginia resident, you are required to include state taxes on the <b>SUBTOTAL</b> amount. For <b>Louisiana</b> , multiply your subtotal by .05; for <b>West Virginia</b> , multiply your subtotal by .0055 and add the result to your total. For <b>Kentucky</b> , please call us at 800-875-1911 for your state and local taxes
2. Enter your Additional Insured Total (See description below) <i>If you have Additional Insureds such as a supervisor, school, or internship site, provide name(s) and address(es) on a <u>separate piece of paper</u>.</i>  <b>→ Add \$1.50 to your total for each additional insured</b>	\$	
3. <b>SUBTOTAL (Lines 1-6)</b>	\$	
4. Add tax for KY, WV, or LA residents**	\$	
5. Add Administrative fee (Required):	\$10.00	
<b>Total Annual Premium (if no additional insureds or taxes added, total will be \$25):</b>	<b>\$</b>	

**PLEASE SIGN AND DATE THE CONFIRMATION ON PAGE 2**

### Payment: Submit and Send

Mail with Check or Money Order to:  
CPH & Associates  
711 S. Dearborn St., Suite 205  
Chicago, IL 60605

**Office Hours:**  
Monday - Friday: 8:30 am to 5:00 pm Central Time  
Phone: 312-987-9823 or 800-875-1911  
Fax: 312-987-0902 Email: [info@cphins.com](mailto:info@cphins.com)

Confirm: Please Read, Sign & Date Below

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

#### FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN 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.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN 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 A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

INSURED NAME (PLEASE PRINT/TYPE)

TITLE

INSURED SIGNATURE

DATE

DESIRED POLICY EFFECTIVE DATE

#### SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER: **CPH & Associates**  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY: **CPH & Associates**

PRODUCER LICENSE NUMBER: **19193**  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS: **711 S. Dearborn St., Suite 205, Chicago, IL 60605**