



Student Blanket Coverage- Occurrence Form

Student Blanket



PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

For Office Use Only:

Approved: \_\_\_\_\_ Effective Date: \_\_\_\_\_

SECTION 1: APPLICANT INFORMATION

Official School Name
Contact Person/ Title
Street Address
City State Zip

Contact Phone
Resident Phone
Fax
Email

Check Associations with which your membership is currently active:
AMHCA & State Chapters
APBA
CAMFT
AAMFT
ASCA
CSWA
IAMFC
ACA
None

SECTION 2: QUALIFICATION QUESTIONS

\* Your answers must apply to ALL students (named or unnamed) for whom coverage is intended at this time by means of this application.

- 1. Has your school ever held another Student Blanket Policy through CPH & Associates?
2. Have you ever been refused coverage for professional liability or malpractice insurance...
3. Have you ever been convicted of a misdemeanor or felony?
4. Has any claim or suit ever been brought against you for alleged malpractice...
5. Have you ever been accused of sexual misconduct or any professional impropriety?
6. Have any complaints ever been filed against you or have there ever been any formal or informal investigations...

† If the answer to questions #2-6 is yes, please provide a detailed explanation on a separate sheet.

SECTION 3: PROFESSIONAL LIABILITY RATES & LIMITS

This application provides coverage for the following students: Psychologists, Mental Health Counselors, School Counselors, Marriage and Family Therapists, Licensed Professional Counselors, Clinical Social Workers, Psychoanalysts, Rehab Counselors, Managers, Consultants, Trainers, Job Trainers, Personal Attendants, Job Coaches, Vocational Evaluators, Job Developers, Word Adjustment Specialists, Transaction Specialists, Rehab Engineers, Rehab Instructors, Independent Living Instructors, Rehab Case Managers, Work Hardening/Functional Capacity Assessors, Other.

\*Please select your area of study: Mental Health Allied Health Massage Therapy RN/LPN/LVN Nurse

Limits of Liability: \$1 Million occurrence /\$5 Million aggregate

Premium: \$15/Student

SECTION 4: LISTING OPTIONS AND ADDITIONAL INSURED

- 1. Check 1 Listing Option:
List Names of all Students (provide list on page 2)
Blanket Coverage (Do not list names, you are covered for the number of students you pay for)

2. Do you need separate Certificates of Insurance issued as evidence of insurance for each student? Yes No

(If "yes," remember to list the names of all students on page 3 or attach a separate sheet. If you would like the certificates to also be mailed separately to each student, please provide address labels printed with each student's name and mailing address.)

SECTION 5: TOTAL YOUR ANNUAL PREMIUM

- 1. Calculate Annual Premium: \$15.00 x (# of Students) =
2. Add additional insured (Optional, see right ) Multiply line 1 by .25
3. Add Tax for Kentucky, West Virginia, or Louisiana Residents\*:

\*If you are a Florida, Kentucky, West Virginia, Louisiana, or New Jersey resident, you are required to include state taxes in the total amount. For Louisiana, multiply your subtotal by .05 and add the result to your total. For West Virginia, multiply your subtotal by .0055 and add the result to your total. For Kentucky, please call us at 800-875-1911 for your state and local taxes.

4. Allied Healthcare Providers Association Risk Purchasing Group

\*\*Allied Healthcare Providers Association Risk Purchasing Group Fee is implemented to ease the rising expenses of administration services and technology improvements and enable us to continue to offer our insureds the services they have come to expect from CPH and Associates.

\$10

TOTAL PAYMENT DUE:



Additional Insured

Your school name can be added as an additional insured to the policy for an additional premium of 25% (add the premium total on line 2).

**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 (MUST BE SIGNED BY THE GROUP OWNER, PARTNER, OR PRINCIPAL)

\_\_\_\_\_  
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 a Florida Risk, Producer means Florida Licensed Agent)

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

**SECTION 6:****LIST STUDENT NAMES**

1.	26.
2.	27.
3.	28.
4.	29.
5.	30.
6.	31.
7.	32.
8.	33.
9.	34.
10.	35.
11.	36.
12.	37.
13.	38.
14.	39.
15.	40.
16.	41.
17.	42.
18.	43.
19.	44.
20.	45.
21.	46.
22.	47.
23.	48.
24.	49.
25.	50.

\* If you need additional spaces for students, please attach another page.

**PAYMENT: SUBMIT AND SEND**

**Mail With Check or Money Order To:**

**CPH and Associates,  
711 S. Dearborn Street Suite 205, Chicago, IL 60605**

**Office Hours:**

**Mondays - Fridays - 8:30 am to 5:00 pm CST  
Phone: 312-987-9823 or 800-875-1911 Fax: 312-987-0902  
Email: applications@cphins.com**

**For additional information:**

**[www.cphins.com](http://www.cphins.com)**

**FAQ'S: HOW THE BLANKET POLICY WORKS**

*Please note: If there is a conflict between the policy language and any information contained herein, the policy language shall control. This is an illustration of benefits, not a contract.*

**Question: What does the policy cover?**

**Answer:** This plan offers limits of: \$1,000,000 per occurrence, \$5,000,000 annual aggregate, and \$5,000,000 supplemental liability. Coverage is provided for injury or damage to patients or clients caused by an incident arising out of the supplying of or failure to supply professional services. All fees, costs and expenses resulting from the investigation and defense of a claim are also covered, including attorney fees and court costs. Expert claims, consultants and legal counsel are immediately available to all insureds.

**Question: What happens if we are notified of a claim years after an incident occurs?**

**Answer:** This is an "Occurrence Form" policy. This means that you are protected into the future as long as the policy was in effect on the date that the incident occurred. The policy does not have to be in effect when you are notified of the claim. This is an important feature, as professional liability claims are generally made after the policy expires. Allegations such as "failure to diagnose" may not be discovered for several years.

**Question: Can faculty members be covered? Is there an additional cost?**

**Answer:** Faculty members are automatically covered for claims arising out of incidents while supervising and instructing students insured under the provisions and within the limits of this policy, and there is no additional premium charge for this coverage.

**Question: Can the school be covered?**

**Answer:** Yes, the school may also be covered for an additional charge of 25% of the students' total annual premium. When a lawsuit results from a student's action, the school will often be named in the suit. This policy will provide coverage for the school when it is named in the same claim or suit for damages for which a student and/or faculty member insured under the policy is also named; however, it will not provide coverage for a claim or suit if the school is solely named.

**Question: What is the total cost of this policy?**

**Answer:** Your annual premium is based upon the number of students enrolled during the policy period and the selected insurance plan. The full annual premium will be charged for all students who are enrolled after the policy's effective date and prior to the policy expiration date.

**Question: May we add students later in the year?**

**Answer:** Yes, for each new group of students that you add during the policy year, you must provide a completed "New Student Application Form for Student Blanket Coverage." These forms can be found at [www.cphins.com](http://www.cphins.com) under the "Customer Service" link.

