



## Schools for Healthcare Professionals Supplemental Application New Business

### Instructions:

- This application must be completed in addition to the Healthcare Facility General Application for Liability Insurance.
- Please print or type clearly all responses and answer all questions as instructed.
- If you need more space for a response, continue in the Comments Section of this application or attach a separate sheet of paper.
- Coverage will not be considered until this supplemental application and the general application are completed and all required documents are provided.

### Name of Applicant:

\_\_\_\_\_ (Whenever used, the term "Applicant" shall include all entities proposed for coverage.)

### A. Student and Faculty

1. Indicate the number in each applicable category.

Program/Course	Total Number of Students Enrolled	% of Students in Senior Year	Total Number of Faculty	Total Clinical Hours for Students	Length of Program (years)
Chiropractic					
CRNA					
Dental					
EMT					
Medical					
Nursing					
Optometry					
Other (specify):					
Other (specify):					

2. Does the Applicant provide advanced training to individuals that are currently licensed professionals?  Yes  No  
 If yes, provide a description of the training program:

### B. Clinical Training

1. Where do students take part in clinical training? Please include the states in which clinical training takes place.

2. In the clinical setting, are students providing:  Direct hands-on patient care  Observation  Both

3. Is there an agreement in place between the facility (where clinical training is taking place) and the Applicant outlining the parameters of the training?  Yes  No

4. If the facility is **not** owned by the Applicant:

a. Is there a contractual agreement that requires the facility to hold the Applicant harmless for the acts of the students while they are at the facility?  Yes  No

b. Does the Applicant require the facility to carry their own professional liability insurance?  Yes  No

If yes, specify the minimum limits required: \$ \_\_\_\_\_

Do you require proof of this insurance?  Yes  No

