



# Nurses Individual Professional Liability Insurance Occurrence Application

159 East County Line Road, Hatboro, PA 19040-1218 • Toll-Free #: 1-800-247-1500 • Fax #: 1-800-739-8818

**PLEASE PRINT CLEARLY AND COMPLETE THE FOLLOWING:**

NUR-N1FS9F7D

Name: \_\_\_\_\_ Day Telephone #: (\_\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Night Telephone #: (\_\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**YES! I want Nurses Individual Professional Liability Insurance with limits of up to \$6,000,000 aggregate, up to \$1,000,000 each claim (10).**

**Note:** This application is not valid for Nurse Practitioners, Nurse's Aides, Home Health Aides, Clinical Nurse Specialists or Case Managers – please contact NSO for the appropriate application. Coverage is not available for Certified Registered Nurse Anesthetists or Midwives.

1. Please indicate your classification or certification (*Part-time is 24 hours or less per week*):

	Employed F/T	Employed P/T	Self-employed F/T	Self-employed P/T	Student <sup>2</sup>
RN (04)	\$98 <input type="checkbox"/>	\$98 <input type="checkbox"/>	\$300 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$29 <input type="checkbox"/>
LPN/LVN (01)	\$98 <input type="checkbox"/>	\$98 <input type="checkbox"/>	\$300 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$29 <input type="checkbox"/>
Consulting Services Liability Endorsement: <b>add</b>	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>	N/A

*See reverse for details on the Endorsement.*

Recent Grad Nurse<sup>1</sup> – Eligible for a 50% discount off the full-time rate. (*Please make sure to also select your professional designation above.*)

Name of School: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<sup>1</sup>Must have graduated within the last 12 months to qualify. <sup>2</sup>Rate applies to a first-time student nurse not working as a licensed/certified professional.

1a. If you are employed, please provide the following:

Name of employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Please Note:** *Employed* is defined as providing services on behalf of an entity you do not own, and receiving a W-2 form from your employer. *Self-employed* is defined as providing services as an independent contractor and paying self-employment taxes using a 1099 form. If you are incorporated with or without employees, please call 1-888-288-3534.

2. My primary area of work is (choose one):

- Ambulatory Care Facility (01)
- Comm. Health Agency (02)
- Doctor's Office/Clinic (03)
- HMO/PPO (04)
- Home Health (05)
- Hospice (06)
- Hospital (07)
- Other (15) \_\_\_\_\_
- Nursing Home (08)
- Nursing School (09)
- Prison (10)
- School (11)
- Staffing Agency (12)
- Surgicenter (13)
- My own premises (14)

My primary area of specialty is (choose one):

- Cosmetic Proced. (01)
- Geriatrics (02)
- IV Therapy (03)
- Neurology (04)
- Operating Room (05)
- Pediatrics (06)
- Other (19) \_\_\_\_\_
- Emergency Dept. (07)
- Infection Control (08)
- Medical/Surgical (09)
- OB/GYN (10)
- Orthopedics (11)
- Post Anesthesia Room (12)
- Float Nurse (13)
- ICU/CCU/Stepdown (14)
- Neonatal (15)
- Oncology (16)
- Outpatient (17)
- Psychiatric (18)

3. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

4. Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be within 60 days from the date we receive your application. If date indicated is prior to receipt date or if not filled out, the effective date will be the receipt date.)  
MONTH DAY YEAR

5. Are you a member of a professional nurses' association? \_\_\_\_\_  Yes  No

Name of Association: \_\_\_\_\_

6. Have you ever had professional liability insurance declined, canceled or non-renewed for any reason other than for non-payment of premium? (*Not applicable in MO*) \_\_\_\_\_  Yes  No

7. Has any claim or lawsuit for malpractice ever been brought against you or are you aware of any incidents that may result in a claim or lawsuit? \_\_\_\_\_  Yes  No

8. Within the last 5 years, have you been the subject of complaints, charges, or disciplinary action against you for any reason, by a court, licensing board or regulatory agency responsible for maintaining the standards of your profession? \_\_\_\_\_  Yes  No  
(If you answered "yes" to questions 6, 7, or 8, please provide complete details on a separate sheet of paper and attach to application.)

Insurance Agent: Michael J. Loughran Iowa License# IA241616; Florida License# A158896

### Payment Options:

Enclosed is my check. \* (Payable to: NSO)  Charge my credit card:  AMEX  Visa  MasterCard  Discover

Bill Me. Card # \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

\* To pay by check, residents of NJ, WV and FL must first add a state mandated surcharge to your base premium (NJ: 1.4%, WV: 0.55%, FL: 2.51%). All applicants must add a Healthcare Providers Service Organization Purchasing Group Membership Fee (\$1.00 for Professionals/\$.50 for Students). To calculate your total amount due, please add your base premium, state surcharge (if applicable) and membership fee. If you are paying by credit card, your card will be charged as detailed above.

I have answered these questions to the best of my knowledge. I certify that I hold the highest credentials or standards appropriate for the healthcare profession for which I have applied as mandated by my state guidelines. I have not withheld any information that would influence the judgment of the Insurance Company. My signing of this application does not bind the Company to complete the insurance. This application will be the basis of the contract should a Certificate of Insurance be issued. I understand that a state mandated surcharge will be added to my annual premium if I am a resident of NJ (1.4%), WV (0.55%) or FL (2.51%). I have read and consent to the compensation terms on the reverse side.

### FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York Residents only; 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.) (For Pennsylvania Residents only; and subjects such a person to criminal or civil penalties.) (For Tennessee Residents only; Penalties include imprisonment, fines and denial of insurance benefits.)

SIGNATURE: **X** \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS APPLICATION MUST BE FULLY COMPLETED, SIGNED AND DATED IN INK. WE WILL ISSUE YOUR CERTIFICATE OF INSURANCE UPON APPROVAL.**

This program is underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company and is offered through the Healthcare Providers Service Organization Purchasing Group. All products and services may not be available in all states and may be subject to change without notice. CNA is a service mark and trade name registered with the U.S. Patent and Trademark Office.

Nurses Service Organization is a registered trade name of Affinity Insurance Services, Inc.; in CA (License #0795465), MN & OK, AIS Affinity Insurance Agency, Inc.; and in NY, AIS Affinity Insurance Agency.

Please see reverse side for compensation disclosure information



G-121510-C (5/04)

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[www.nso.com](http://www.nso.com)

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## The Consulting Services Liability Endorsement

Growing numbers of nursing professionals are putting their specialized knowledge to use in a consulting, teaching or training role. As a nursing professional, you may assume that any liability you incur in a professional capacity would be covered under a Professional Liability policy, provided you are working within the scope of practice as defined by your State Practice Act.

Professional liability insurance provides coverage should a medical incident arise out of professional services you rendered, and injury or damage occur as a result. Your medical knowledge and training can create unique opportunities for you to serve in the legal field. But consulting activities go beyond the scope of direct patient care and typically do not give rise to medical incidents.

Whether or not your specific consulting, teaching or training activities are also within the scope of your state practice act is a question best answered by your state Board of Nursing. But from an insurance perspective, it is important for you to know that liability that results from consulting may not be covered under professional liability insurance. Losses that typically arise out of a consulting practice are economic or financial rather than injury or damage. **Only injury and damage are addressed under a professional liability policy.**

Exposure to financial liability is a risk you don't have to take. The Consulting Services Liability Endorsement provides coverage for when you use your medical skills and knowledge in settings that do not involve direct patient care. You can add this valuable protection to your new policy for only \$25 a year. Please note you must be a licensed professional in order to be eligible for the Endorsement.

For more information, visit [www.nso.com](http://www.nso.com).

### COMPENSATION and OTHER DISCLOSURE INFORMATION

Nurses Service Organization (NSO), a division of Affinity Insurance Services, Inc., exclusively offers the NSO Program as an agent of CNA and provides services that may include the following: program marketing, underwriting, policy management, billing, risk management and client services on its behalf.

As compensation for the services described above, Affinity receives 20% of your paid premium as commission for marketing the program and 20% for underwriting, policy management, billing, risk management, and client services. In addition, Affinity receives \$0.48 annually per paid policy as commission for claim handling for the License Protection coverage extension of the professional liability insurance policy. For mid-term premium bearing coverage endorsements and renewal policies, Affinity is compensated at the same levels as the initial policy commission, unless we notify you otherwise.

Other than the commissions described in the preceding paragraph, Affinity will receive no other compensation from the insurer. However, Affinity may charge a Healthcare Providers Service Organization Purchasing Group Membership Fee.

Your signature on your application, check, and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Affinity.

In addition, premiums paid by Clients to Affinity for remittance to insurers, Client refunds and claim payments paid to Affinity by insurance companies for remittance to Clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, Affinity will retain the interest or investment income earned while such funds are on deposit in such accounts.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through our investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at [http://www.aon.com/market\\_relationships](http://www.aon.com/market_relationships) for a current listing of insurance and reinsurance carriers in which Aon Corporation and its affiliates hold any ownership interests.

### Contracts and Agreements

Aon Corporation's operating affiliates are parties to numerous agreements with many insurance and reinsurance companies, including companies from which our clients have purchased insurance or reinsurance. Please visit [http://www.aon.com/market\\_relationships](http://www.aon.com/market_relationships) for more detail on these agreements.