



Application for the Individual Student- Occurrence Form

Non-sponsored



Underwritten by: Philadelphia Indemnity Insurance Company Philadelphia Indemnity Insurance is rated A+ ("Superior") by AM Best and Co. and is a leader in providing quality professional liability coverage to the mental health field.

In a hurry? Apply online at www.cphins.com and receive proof of coverage in minutes!

For Office Use Only:

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

SECTION 1: APPLICANT INFORMATION

Name, Attn/Address 2, Street, City, State, Zip, Business Phone, Resident Phone, Fax, Email

Check ONE Method for Receipt of Policy Confirmation: [ ] Email [ ] Fax [ ] Mail - Confirmation will be sent by one method ONLY. If you check multiple options, we will send using the first method checked.

SECTION 2: QUALIFICATION QUESTIONS

- 1. Have you ever been insured 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...
6. Have any complaints ever been filed against you with a peer review committee...

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

SECTION 3: PROFESSIONAL LIABILITY RATES & LIMITS

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

SECTION 4: TOTAL YOUR ANNUAL PREMIUM

- 1. Annual Premium:
2. Add additional insured total: (see description at right) if applicable # of additional insureds x 1.50
3. Add Tax for Florida, Kentucky, Louisiana, or New Jersey Residents\*:
4. Add Administrative Fee

TOTAL PAYMENT DUE: (if no additional insureds or taxes added, total will be \$25):

\$15



Optional Coverage

If you have Additional Insureds such as a supervisor, school, or internship site, provide name(s) and address(es) on a separate piece of paper.

\$10

Add \$1.50 to your total for each additional insured

CONFIRM: PLEASE READ, SIGN, AND DATE

The applicant declares the information contained in the application is true and that no material facts have been suppressed or misstated. The applicant understands that incorrect information could void the insurance coverage.

Signature of Named Insured

Today's Date

Desired Effective Date

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
Tuesdays thru Thursdays - 8:30 am to 9:00 pm CST
Saturdays - 10:00 am to 5:00 pm CST

Phone: 312-987-9823 or 800-875-1911

Fax: 312-987-0902

Email: info@cphins.com

For additional information and online applications:

www.cphins.com