



Account Number: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Darwin National Assurance Company ("Insurer")

**Return and make checks payable to:**  
**American Professional Agency, Inc.**  
**95 Broadway, Amityville, NY 11701**  
**(631) 691-6400 • (800) 421-6694**

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**RENEWAL APPLICATION FOR SCHOOL  
PROFESSIONAL LIABILITY INSURANCE COVERAGE**

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**Offered through the Professional Counselors Purchasing Group, Inc.**

Notice to Florida Applicants:  
License # L045052 issued to Peter Imbert

Notice to Iowa Applicants:  
License # 3000928232 issued to Peter Imbert

Notice to California Applicants:  
License #0555091 issued to American Professional Agency, Inc.

**THIS APPLICATION IS FOR COVERAGE TYPE:** ☐ **OCCURRENCE-BASED**

**NOTICE: THE COVERAGE OF A CLAIMS-MADE POLICY IS LIMITED GENERALLY TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED, OR PROCEEDINGS FIRST BROUGHT, DURING THE POLICY PERIOD, AND REPORTED IN WRITING TO THE INSURER IN ACCORDANCE WITH THE TERMS OF THE POLICY. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR LEGAL OR INSURANCE ADVISOR.**

**NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SECTION ON "SEXUAL MISCONDUCT" IN THE POLICY).**

- This Application must be completed in full, including all required attachments. Write "None" if that applies.
- Attach a separate sheet of paper if more space is needed to answer any question.
- We treat all Applications as confidential. If additional assurances of confidentiality are required, we are willing to address the Applicant's needs.

**PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

<b>I. GENERAL INFORMATION</b>
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1. Name of Applicant School: \_\_\_\_\_  
Contact Person/Authorized Representative: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (County) (State) (Zip)

3. Office Telephone: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

4. Policy Limits Requested (CHECK ONE OPTION):

☐ \$1,000,000/\$1,000,000

☐ \$1,000,000/\$3,000,000

☐ \$1,000,000/\$4,000,000

☐ \$2,000,000/\$2,000,000

☐ \$2,000,000/\$4,000,000

5. Effective date requested: \_\_\_\_\_

6. School is licensed, certified or accredited by: \_\_\_\_\_

7. School is a: ☐ Non-Profit ☐ For-Profit ☐ Other: \_\_\_\_\_

8. STAFF AND STUDENTS

Number of social workers on staff: \_\_\_\_\_

Number of psychologists on staff: \_\_\_\_\_

Number of other mental health professionals on staff: \_\_\_\_\_

Number of students in field placement: \_\_\_\_\_

**II. REPRESENTATIONS**

**A POLICY WILL BE ISSUED BY THE COMPANY TO THE APPLICANT BASED ON THE FOLLOWING REPRESENTATIONS.**

9. After diligent inquiry of each individual referenced in Question 8. and any other individual proposed for coverage, meaning that the authorized representative of the Applicant school has inquired of each such individual as to whether he or she has information pertinent to the questions below, please answer the following. If you answer "Yes" to any of the following questions, please include all documents pertinent to the situation you are describing.

a. Has the Applicant school or any individual proposed for coverage ever been charged with or convicted of a crime in any state or country? ☐ Yes ☐ No

If yes, please give full particulars in order for your Application to be considered.

\_\_\_\_\_  
\_\_\_\_\_

b. Has the Applicant school or any individual proposed for coverage ever had any licensing board or professional ethics body require the surrender of a license or found you guilty of a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence, in any state or country? ☐ Yes ☐ No

If yes, please give full particulars and provide copies of charges, correspondence and any findings in order for your Application to be considered. \_\_\_\_\_

\_\_\_\_\_

c. Are there any complaints, charges or investigations pending against the Applicant school or any individual proposed for coverage by a licensing board or professional ethics body for violation of ethics codes, professional

misconduct, unprofessional conduct, incompetence or negligence in any state or country?

☐Yes ☐No

If yes, please give full particulars and copies of charges, correspondence and any findings in order for your Application to be considered. \_\_\_\_\_

\_\_\_\_\_

**NOTE: MISSOURI APPLICANTS DO NOT RESPOND TO QUESTION 9.d. below.**

- d. Has the Applicant school or any individual proposed for coverage ever had any insurance company or Lloyd's decline, cancel, refuse to renew, or accept only on special terms any professional liability insurance? ☐Yes ☐No

If yes, please give full particulars in order for your Application to be considered. \_\_\_\_\_

\_\_\_\_\_

- e. Has any professional liability claim or suit ever been made against the Applicant school or any individual proposed for coverage? ☐Yes ☐No

If yes, please give full particulars and copies of any summons and complaints, pertinent correspondence and outcome, if any, in order for your Application to be considered.

\_\_\_\_\_

\_\_\_\_\_

- f. Are there any circumstances, including any loss of private or confidential information, which the Applicant school or any individual proposed for coverage is aware of, that may result in a professional liability claim or suit being made against the Applicant school or any individual proposed for coverage?

☐Yes ☐No

If yes, please give full particulars in order for your Application to be considered. \_\_\_\_\_

\_\_\_\_\_

- g. Is any individual proposed for coverage engaged in or ever been engaged in any sexual misconduct\* with any of your current or former patients or any current or former patient's spouse or any person with a direct relationship to the current or former patient (for example a guardian, blood relative of the patient or spouse or any person sharing the patient's domicile)? ☐Yes ☐No

(\*“Sexual misconduct” means any actual or alleged erotic physical contact or attempt, threat or proposal thereof.)

If yes, please give full particulars in order for your Application to be considered.

\_\_\_\_\_

\_\_\_\_\_

**III. NOTICES TO APPLICANT**

The undersigned represents that, to the best of his/her knowledge and belief, after diligent inquiry, the statements in this Application and any attachments or information submitted to or obtained by the Insurer in connection with this Application (together referred to as the “Application”) are true and complete.

The information in this Application is material to the risk accepted by the Insurer. If a policy is issued it will be in reliance by the Insurer upon the Application, and the Application will be the basis of the contract. The Application is on file with the Insurer, and shall be deemed to be attached to, and made a part of, and incorporated into the Policy, if issued.

The Insurer is authorized to make any inquiry in connection with this Application. The Insurer's acceptance of this Application or the making of any subsequent inquiry does not bind the Applicant or the Insurer to complete the insurance or issue a policy.

If the information in this Application materially changes prior to the effective date of the Policy, the Applicant will immediately notify the Insurer, and the Insurer may modify or withdraw any quotation or agreement to bind insurance.

**NOTICE TO ARKANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO COLORADO APPLICANTS:** "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."

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**NOTICE TO FLORIDA APPLICANTS:** "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 OF THE THIRD DEGREE."

**NOTICE TO HAWAII APPLICANTS:** "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

**NOTICE TO KENTUCKY APPLICANTS:** "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."

**NOTICE TO LOUISIANA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO MAINE APPLICANTS:** "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.”

**NOTICE TO MARYLAND APPLICANTS:** “ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

**NOTICE TO NEW JERSEY APPLICANTS:** “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO NEW MEXICO APPLICANTS:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

**NOTICE TO OHIO APPLICANTS:** “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

**NOTICE TO OKLAHOMA APPLICANTS:** “WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).”

**NOTICE TO OREGON APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.”

**NOTICE TO PENNSYLVANIA APPLICANTS:** “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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO RHODE ISLAND APPLICANTS:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

**NOTICE TO TENNESSEE APPLICANTS:** “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

**NOTICE TO TEXAS APPLICANTS:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.”

**NOTICE TO VERMONT APPLICANTS:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.”

**NOTICE TO VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**NOTICE TO WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**NOTICE TO WEST VIRGINIA:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO ALL OTHER APPLICANTS:** "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."

#### IV. SIGNATURE

Signature of Applicant: \_\_\_\_\_  
(Authorized Representative of Applicant School)

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Date: \_\_\_\_\_

Application must be signed, dated, fully completed and accompanied by the premium to be considered.

Please make checks payable and mail to: American Professional Agency, Inc.

If you wish to pay by credit card, please contact this office for details.

Program Administrator:  
**AMERICAN PROFESSIONAL AGENCY, INC.**  
95 Broadway, Amityville, NY 11701  
(631) 691-6400 • (800) 421-6694  
[www.americanprofessional.com](http://www.americanprofessional.com)

  
Producer Signature:

*Save form first on your computer before submitting.*



Questions? (800) 421-6694 [ACCOUNT LOGIN](#)

## SCHOOL RATES

### COST OF INSURANCE

**BLANKET SCHOOL POLICY** – Issued to Colleges and Universities on a blanket basis only. All faculty and students will be covered. The formula for computing the total premium includes a charge for each faculty member and each student in field placement.

<u>Limits of Liability</u> Each Claim/Aggregate	(1) Base Charge	(2) Per Faculty	(3) Per Student 1-25	(3) Per Student 26-49	(3) Per Student 50&Over
\$1,000,000/\$1,000,000	\$486.00	\$65.00	\$20.00	\$15.00	\$10.00
\$1,000,000/\$3,000,000	\$551.00	\$74.00	\$23.00	\$17.00	\$11.00
\$1,000,000/\$4,000,000	\$567.00	\$76.00	\$23.00	\$18.00	\$12.00
\$2,000,000/\$2,000,000	\$572.00	\$77.00	\$24.00	\$18.00	\$12.00
\$2,000,000/\$4,000,000	\$588.00	\$79.00	\$24.00	\$18.00	\$12.00

\*Students rates vary based on the number of students in field placement.

(1) Base charge made for school.

(2) Additional charge for each faculty member involved in teaching and training.

(3) Additional charge for each student in field placement.

Policies date the first of the month following acceptance of application and check.

Policy coverages and benefits are only briefly outlined here. For complete provisions, including exclusions, please refer to the policy itself which is available upon request.

If you are interested in receiving information concerning individual student coverage only, please contact the American Professional Agency, Inc. at (631) 691-6400 or (800) 421-6694

## **IMPORTANT SURCHARGE INFORMATION**

Allied World Insurance Company

### **NOTICE TO FLORIDA RESIDENTS:**

The Florida Insurance Guaranty Association requires insurance companies to charge all policies written for its residents a surcharge of 1%. Please include this additional premium when remitting your premium.

### **NOTICE TO KENTUCKY RESIDENTS:**

Kentucky law requires insurance companies to charge all policies written for its residents a surcharge of 1.8%. Depending on your profession, we may be required to assess your policy with a municipality tax which is based on the location of your residence. Please include this additional premium when remitting your premium.

### **NOTICE TO MAINE RESIDENTS:**

The Rural Medical Access Program requires insurance companies to charge physicians, hospitals, and physicians' employers who are insured for professional liability through a licensed insurer to pay the assessment of .4% to the insurer upon the insurers' premium billing. This charge applies to policyholders who are Psychiatrists, Psychiatric NPs, Physician Assistants, Neurologists, Nurse Practitioners, APRNs, and CNSs with prescriptive authority.

### **NOTICE TO NEW JERSEY RESIDENTS:**

The New Jersey Property and Liability Insurance Guaranty Association requires insurance companies to charge all policies written for its residents a surcharge of .3%. Please include this additional premium when remitting your premium.

### **NOTICE TO WEST VIRGINIA RESIDENTS:**

West Virginia law requires insurance companies to charge all policies written for its residents a surcharge of .55%. Please include this additional premium when remitting your premium.