

RENEWAL APPLICATION

(Please Print)

NAME: _____ DATE: _____

PRIOR NAME IF CHANGED: _____

ACCOUNT: _____

POLICY #: _____

PHONE #: _____

EMAIL Address: _____

Date of Birth: _____

Please make checks payable to:
American Professional Agency
95 Broadway
Amityville, NY 11701

IF YOU ARE RENEWING YOUR INSURANCE AS A STUDENT FOR YOUR FIELD PLACEMENT REQUIREMENTS, THE FOLLOWING MUST BE COMPLETED AND RETURNED WITH YOUR PAYMENT BY YOUR EFFECTIVE DATE.

1. Academic Training

Name of college or university (Including current enrollment)	City and State	Curriculum Major	Years of Attendance	Title of Degree(s) Received or Expected (ie. BA, MA)	Date Degree Received or Expected mm/yy

2. Limits of Liability: (check one)



\$1,000,000/3,000,000

\$35.00



\$2,000,000/4,000,000

\$41.00

3. Since your last renewal, have you had a new claim, potential claim, licensing board complaint, ethics violation, professional misconduct, sexual misconduct or conviction of a crime, if yes, please send complete details on a separate sheet of paper along with any pertinent papers regarding the situation. If you have reported a board complaint and it has been adjudicated you must send us the outcome.

(YES) ____ (NO) ____

4. Is any person covered under this policy 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 patient or former patient (for example a guardian, blood relative of the patient or spouse or any person sharing the patient's domicile)? (YES) ____ (NO) ____

5. Is the applicant a member in good standing of any professional association? If so, state the organization and type of membership. (i.e. Regular, Clinical, Associate, Student, etc.) _____

6. Address Change (if any): _____

7. Phone #: _____ Email Address: _____

DATE: _____ Signature: _____

(Student)

Signature and
Payment Required 

STUDENTS THAT HAVE GRADUATED PLEASE COMPLETE THIS SECTION

IF YOU ARE NO LONGER ELIGIBLE FOR STUDENT COVERAGE AND WISH TO OBTAIN AN APPLICATION FORM TO APPLY AS A PROFESSIONAL, PLEASE COMPLETE THIS SECTION AND RETURN IT TO OUR OFFICE OR REFER TO OUR WEB SITE: www.americanprofessional.com AND SELECT YOUR PROFESSION TO PRINT A FORM.

ACCOUNT NO: _____ POLICY NO: _____

NAME _____ PHONE NO.: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DEGREE RECEIVED _____ FIELD OF STUDY _____ DATE RECEIVED _____

MM DD YY

MEMBERSHIP: NASP NASW OTHER _____ CLASSIFICATION (i.e. Student, Full): _____
(if any) (Circle one)

COST OF INSURANCE

Individual Student - Available only to individual students. Protects you for duties and field placement which is part of your school curriculum.

Limits of Liability	Annual Premium
\$1,000,000/\$3,000,000	\$35
\$2,000,000/\$4,000,000	\$41

If you are interested in receiving information concerning our school policy which covers all faculty and students, please contact the American Professional Agency, Inc. at (631) 691-6400 or (800) 421-6694.

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.

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.