

**APPLICATION FOR THE INDIVIDUAL STUDENT – OCCURRENCE FORM**

If you have questions, please call the Preferra RRG Plan Administrator: **888.278.0038**  
Apply online at **AlliedHealth.PearlInsurance.com**

**1. APPLICANT INFORMATION**

Name			Phone
Street Address			
City	State	Zip	Email*

\*Documents will be sent to this email address

**2. OCCUPATION**

1. What do you want your effective date to be? \_\_\_\_\_

2. Check the single box that best describes your occupation for which the liability insurance shall cover:

☐ Student: Behavioral Analysis   ☐ Student: Health   ☐ Student: Massage Therapy   ☐ Student: Mental Health   ☐ Wellness & Fitness Student

Please note: This coverage is contractually intended for students in field placement and professional field placement and cannot be transferred to paid professional activities. Please purchase an individual policy to address paid professional activities.

**Ineligible Applicants:**

- Nurses, Nurse Practitioners, Technologists, and Physician Assistants occupations
- Experimental or unconventional treatment activities (i.e.: sweat lodges)
- Correctional institution based occupations
- Adjudicated youth/juvenile detention based occupations
- Residential based treatment facilities, foster care facilities, or adoption agencies
- Students not working under supervision of a supervisor with the same occupation as the field of study; or students working under the supervision of a supervisor who is not in state or federal compliance regarding license or certification

**3. QUALIFICATION**

1. Have you ever been notified of or have been the subject of a reprimand, disciplinary action, refused employment or admission to a professional society, or ever been the subject of any ethics investigation, had professional privileges suspended, probated, sanction(s) by consent order, addressed by any action or reprimand, by any court, administrative agency, licensing board at a local, state or national level?   ☐ YES   ☐ NO
2. Have you ever had professional liability insurance canceled or non-renewed?   ☐ YES   ☐ NO
3. Has any malpractice claim or suit ever been brought against you?   ☐ YES   ☐ NO
4. Are you aware of any circumstances which may result in a malpractice claim or suit, including but not limited to sexual misconduct or professional impropriety being made against you?   ☐ YES   ☐ NO
5. Have any clients in your care sustained any serious injuries or perished; or caused any property damage?   ☐ YES   ☐ NO

If your answer to any of the questions is "YES", please provide a detailed explanation on a separate sheet and include any pertaining documentation from a licensing board, ethics committee, professional association, or health care facility (e.g. complaint, dismissal letter, consent agreement, or pertinent court documents).

#### 4. PROFESSIONAL LIABILITY RATES & LIMITS

Please select ONE Limit of Liability:

☐ \$1,000,000 per occurrence/\$5,000,000 aggregate ☐ \$2,000,000 per occurrence/\$4,000,000 aggregate ☐ \$3,000,000 per occurrence/\$5,000,000 aggregate\*

\*This additional option is available for VA residents only.

All coverages include:

- Medical Payments \$5,000 per incident/\$50,000 limit per policy period
- Emergency First Aid \$15,000 no incident frequency limit
- Wage Loss & Exp. \$1,000 per day/\$35,000 limit per policy period
- First Party Assault \$15,000 no incident frequency limit per policy period
- Deposition Exp. \$5,000 per incident/\$35,000 limit per policy period
- Subpoena Defense \$400 limit for 1 claim per policy year
- Sexual Misconduct \$25,000 limit per policy year
- Licensing Board Def. \$35,000 per incident (no incident frequency limit)
- HIPPA Records Def. \$25,000 per incident (no incident frequency limit)

#### 5. ENDORSEMENT COVERAGE OPTIONS

Select the endorsement coverages that you want (check as many boxes as you want):

- ☐ Canine Coverage up to the policy limits (\$35 per year)
- ☐ Equine Coverage up to the policy limits (\$50 per year)
- ☐ Divorce Litigation Coverage (Limit of \$15,000/\$15,000) (\$99 per year)
- ☐ Third Party Data Breach (Limit of \$5,000/\$12,000 per year) (\$59 per year)

Select the endorsement licensing board coverage that you want (check one box only):

- ☐ Increase from \$35,000 covered by the base policy to \$50,000 (\$50 per year)
- ☐ Increase from \$35,000 covered by the base policy to \$75,000 (\$75 per year)
- ☐ Increase from \$35,000 covered by the base policy to \$100,000 (\$100 per year)

Please note: These services are excluded in our policy contract. If you provide these services or plan to, please select yes, which will add an endorsement to provide support for these professional efforts.

#### 6. OPTIONAL COVERAGE

If you have Additional Insureds such as a supervisor, school, or internship site, provide name(s) and address(es):

NAME(S) OF ADDITIONAL INSURED(S)	ADDRESS(ES) OF ADDITIONAL INSURED(S)
1.	
2.	
3.	

The cost is \$25 per Additional Insured.

#### 7. 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. The signing of this application does not bind the undersigned to purchase this insurance, nor does the review of the application bind the insurance company to issue a policy. It is agreed that this application shall be the basis of the contract should a policy be issued. Any person who, knowingly and with intent to defraud any insurance company or person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act.

Signature of Applicant

Today's Date

Desired Policy Effective Date