

Official Supplier



National Athletic  
Trainers' Association

# Professional Liability Insurance Program for Students

## A P R O F E S S I O N A L N E C E S S I T Y .

### Why You Need Professional Liability Protection

**Responsibility.** As your student responsibilities increase, so does your chance of being named in a lawsuit, regardless of the validity of the charges. You are consistently exposed to clinical settings in which you could be held responsible for injuries to a patient or fellow student.

**Vulnerability.** Frivolous and unjustified claims are commonplace in today's courts. Professional Liability insurance is a necessary safeguard for any student healthcare professional.

### What Makes Marsh Affinity Group Services Your Best Choice?

**There is nothing more important than finding a reliable company to administer your insurance program.**

More students trust Marsh Affinity Group Services for protection. You will have peace of mind knowing that Marsh Affinity Group Services is the oldest and most established insurance administrator for allied professional healthcare associations and societies. We have worked with allied healthcare schools and students for over 50 years.

The underwriter of this Program, Chicago Insurance Company, is a member company of the Interstate National Corporation, one of the Fireman's Fund Insurance Companies.

### The NATA Student Professional Liability Program offers you:

#### A Multiple-Year Certificate Option.

The NATA Program offers a Multiple-Year certificate and an associated premium credit if you choose to pre-pay. You may choose a 3-year or 2-year certificate. This option enables you to save money on your premium and gives you peace of mind knowing your coverage will not lapse from year to year; you may be covered for your entire educational experience.

#### Pays Up To \$2,000,000/\$4,000,000 Professional Liability Coverage.

The insurance company may pay up to \$2,000,000 per incident, or up to a total of \$4,000,000 aggregate for covered claims arising from real or alleged negligence. Few companies offer students limits this high.

#### Legal Fees Paid in Addition to Liability Limit.

Your legal fees and court costs are paid by the insurance company, for covered claims, in addition to the limits of liability, even if the suit is groundless, false or fraudulent.

#### Expert Legal Counsel — At No Cost To You.

With a nationwide network of experienced attorneys and claims adjusters, immediate support is available to you should a covered claim be threatened or filed against you. *With some other policies, you will have to find your own legal defense.*

#### School Disciplinary Board/ Grievance Committee Defense.

This insurance policy goes beyond providing protection for your professional acts as a student healthcare professional. It will reimburse you, up to \$1,000 per policy period, for attorney fees and other costs resulting from the investigation and defense of proceedings before a school grievance committee or academic disciplinary board if the proceedings result from your provision of professional services.

#### Coverages Included At No Additional Cost!

- **First Aid Coverage.** If you render first aid to others outside of your educational program and incur expenses, the insurance will reimburse you up to \$500 dollars annual aggregate.
- **First Party Assault Coverage.** The Program pays up to \$1,000 annual aggregate for medical expenses resulting from bodily injury to you or damage to your personal property if assaulted. The assault must occur on the school's premises or the area immediately adjoining such school premises (i.e. the parking lot), or while you are away from school conducting an authorized school activity.

#### Also Includes Supplemental Liability Coverage.

With supplemental liability coverage, subject to the terms of the insurance certificate, you are covered for bodily injury and property damage occurrences *not related* to your professional duties.

You are not covered for engaging in a business or a profession.

#### Apply Now For This Low-Cost Protection

Your certificate is effective on the date your application and payment are received and approved in our offices, unless you request a later effective date. Your effective date may not be earlier than the date the administrator receives and approves this application. (Do not, however, submit an application more than 90 days prior to the effective date desired.)

**Advanced enrollment. To receive your certificate by the date that verification of insurance is required, we suggest you apply approximately 60 days before that time.**

Please allow 3 to 4 weeks for delivery of your certificate.

#### Administered by:

## MARSH

Affinity Group Services  
a service of Seabury & Smith

1440 Renaissance Drive  
Park Ridge, IL 60068-1400  
1-800-503-9230

www.seaburychicago.com

#### Underwritten by:

## Chicago Insurance Company

Chicago, IL

A member of the Interstate National  
Corporation, one of the Fireman's Fund  
Insurance Companies.

*This brochure contains a summary of the program provisions. If there is a conflict between this brochure and the actual certificate, the certificate language will control.*

CA-0633005  
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# Professional Liability Insurance Program

## Student Application

S.C. \_\_\_\_\_  
NATA/INDVSTUD-L1M-0703

**LICENSED/REGISTERED:** If you have passed your licensing examination and are licensed or registered.

**DO NOT use the form below.** Please contact the Administrator for an appropriate application, indicating your professional status.

**Please print and complete both sides of this application.**

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
SOCIAL SECURITY NUMBER BIRTHDATE

\_\_\_\_\_  
E-MAIL ADDRESS DAYTIME PHONE NUMBER

\_\_\_\_\_  
FULL NAME OF SCHOOL

\_\_\_\_\_  
ADDRESS OF SCHOOL

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
SCHEDULED DATE OF GRADUATION: MONTH YEAR

### PROFESSIONAL LIABILITY INSURANCE PROGRAM — STUDENT APPLICATION

#### Limits of Liability

\$2,000,000 each incident/\$4,000,000 aggregate  
\$1,000,000 each incident/\$3,000,000 aggregate

#### Premium - 1 year

\$41.00  
 \$35.00

#### Multiple - Year Certificate Option

\$2,000,000 each incident/\$4,000,000 aggregate  
\$1,000,000 each incident/\$3,000,000 aggregate

#### Premium - 2 years

\$80.00  
 \$68.00

#### Premium - 3 years

\$115.00  
 \$ 98.00

I understand that I am not covered by this insurance if I am any of the following: physician, surgeon, dentist, nurse midwife, cytotechnologist, perfusionist, electroneurodiagnostic technologist, chiropractor, podiatrist, osteopath, psychiatrist, attorney, accountant, financial advisor, investment consultant or real estate or insurance agent or broker. I understand that these professional occupations are excluded from coverage. I understand that this insurance will not apply to any partner, principal or owner of a residential/overnight facility. The insurance described herein is subject to the terms, conditions and exclusions of the insurance certificate. This insurance is excess when other insurance applies to a loss.

In order to enhance the stability of this professional liability insurance program, coverage has been organized through a purchasing group, pursuant to legislation, known as the Federal Liability Risk Retention Act of 1986, enacted by Congress. Coverage is provided to the purchasing group by the Chicago Insurance Company, a member of Interstate National Corporation, one of The Fireman's Fund Insurance Companies. Once the completed application has been approved and the premium has been received, you will automatically become a member of the Allied Health Purchasing Group Association, located and domiciled in Illinois and obtain the insurance coverage afforded through the Group Policy on an annual term.

This application is subject to the underwriter's approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue you insurance coverage. Coverage will become effective following the receipt of your acceptable application and premium payment. Your application cannot be processed unless it is completed in its entirety. The application is subject to the company's underwriting rules.

I declare the information contained in the application is true and that no material facts have been suppressed or misstated. I understand that incorrect information could void the protection. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**Note to New York 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 shall also be subject to a civil penalty not to exceed \$5,000 and that stated value of the claim for each such violation.

Marsh Affinity Group Services may have agreements with insurers providing the insurance coverage which is placed by Marsh pursuant to which Marsh may derive compensation contingent upon such factors as the size, growth and/or overall profitability of total business placed by Marsh may receive such as retail and wholesale brokerage fees or commissions, administrative fees, etc.

Coverage is effective the date\* your application and payment are received and approved in our offices unless another later date is shown here \_\_\_\_\_.

\*Effective date may not be earlier than the date Marsh Affinity Group Services receives and approves this application. (Do not, however, submit an application more than 90 days prior to the effective date desired.)

I have enclosed my remittance of \$ \_\_\_\_\_.  
**Make Check or Money Order Payable to the appropriate administrator below.**  
**Send Student application and payment to:**

I authorize Seabury & Smith to charge my:  Visa  MasterCard \$ \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print name exactly as it appears on card \_\_\_\_\_

Marsh Affinity Group Services  
a service of Seabury & Smith  
75 Remittance Drive, Suite 1788  
Chicago, IL 60675-1788  
1-800-503-9230

For Ohio residents only  
Maginnis & Associates Agency of Ohio  
P.O. Box 543  
Reynoldsburg, OH 43068-0543  
1-800-345-6917 (Ohio residents)  
1-614-866-3195 (Columbus area)

**YOU MUST SIGN AND DATE THIS APPLICATION**

Signature X

Date \_\_\_\_\_

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**MARSH**

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a service of Seabury & Smith