

Telemedicine Supplemental Application for New and Renewal General Liability and Internships and Professional Services Liability Policies

Instructions for the Educational Institution (Applicant)

- Please complete all portions of this Supplemental Application completely, truthfully, and accurately.
- To save a partially-completed PDF application and send it someone else, save it as PDF to your hard drive or desktop and attach it to an email, or use the "send" function in Adobe Reader. Be sure to include any attachments.
- Email the completed and signed application with all necessary attachments to your broker.
- If you do not understand a question, please have your broker contact United Educators for clarification.

Submitting Broker

Please complete the broker information below. Confirm that all application questions are answered and that the application is signed before submitting it to UE.

Submitting Broker Must Complete				
Person to Contact:				
Address 1:				
Address 2:				
City:	State:	Zip:		
Phone Number:				
Email:				
License Number:				

Email the completed, signed, and dated application to your underwriter.



Application

Full Legal Name and Address of the Educational Institution

Institution Name:		
Address 1:		
Address 2:		
City:	State:	Zip:

The undersigned is an authorized representative of the **Educational Institution** and all persons or concerns applying for liability coverage. The undersigned declares that all information provided is complete, truthful, and accurate.

Signature:	Date:
Name:	
Title:	
Educational institution:	

The signing and submission of this application does not bind United Educators to issue, or the **Educational Institution** to purchase, any specific policy or coverage. The information provided in this application is for underwriting purposes only, and does not constitute notice to United Educators of a claim or potential claim under any policy.



Questions

Please answer the following questions for General Liability (GL) and Internships and Professional Services Liability (IPL) Telemedicine coverage:

1.	1. Does the facility providing telemedicine services:		
	a.	Have procedures and protocols to remotely manage patients needing an emergency referral?	Yes No
	b.	Contract with third parties for the provision of telemedicine?	Used Not Used
		If used, do third parties have procedures and protocols to remotely manage patients needing an emergency referral?	🗌 Yes 🗌 No
2.	2. Is the medical director (or equivalent position) required to approve the facilities other than a student counseling center, infirmary, athletic training center or similar facility, for provision of telemedicine services?		🗌 Yes 🔲 No
3.		limitations and risks of telemedicine services addressed in an informed consent document cuted by patients, prior to rendering services?	🗌 Yes 🔲 No
4.		telemedicine record-keeping standards required to be consistent with the standards of litional, in-person diagnosis and treatment?	🗌 Yes 🔲 No

Please answer the following questions only if you have an IPL Policy and clinics open to the public that provide telemedicine:

5.	For the Educational Organization's clinics open to the public, are all providers of telemedicine	🗌 Yes 🗌 No
	(including student interns) trained regarding applicable Federal or state laws pertaining to the	
	provision of telemedicine?	

6. For the Educational Organization's clinics open to the public, do student interns conduct telemedicine services with the direct supervision of a member of faculty?

If any questions were answered No, please explain why your institution isn't taking the aforementioned actions.

Please see the attached specimens, which stipulate coverage for Telemedicine under General Liability and Internships and Professional Liability policies.

🗌 Yes 🗌 No