

Internships and Professional Services Liability (IPL)

New Business Application

NOTICE:

THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

INSTRUCTIONS

Instructions for the educational institution (applicant):

- § Please complete all portions of this application completely, truthfully, and accurately.
- § This application may be completed electronically using the fillable fields. To save a partially completed application and send it someone else, save the document as a .pdf file to your computer and then attach it to an email, or use the “send” function in Adobe Reader. Be sure to include any additional attachments.
- § Print the .pdf file and sign the application. Scan the completed form and save it to your computer.
- § 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 (UE) for clarification.

Submitting Broker

Please complete the 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:		

Send completed application to:
applications@ue.org
 OR
 Fax: (301) 907-8620

United Educators
 7700 Wisconsin Avenue
 Suite 500
 Bethesda, MD 20814
 Phone: (301) 907-4908

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 Internships and Professional Services Liability (IPL) 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.

TO COMPLETE THIS APPLICATION, YOU MUST SUBMIT (check if provided with this form):

- The educational institution's most recent audited financial statement
- Loss runs for the past six years (all relevant carriers)

Describe current professional liability coverage purchased by the educational organization. If more than one professional liability policy exists, provide the requested information for each professional liability policy.

Current Coverage		
Check here <input type="checkbox"/> if no current professional liability policies are in force for the educational organization.		
Type of policy(ies):		
Name of insurer(s):		
Expiration date(s):		
Limit(s) of liability:		
Deductible(s):		
Annual premium(s):		
Has any similar insurance been declined, canceled, or non-renewed in the past six years?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "yes," please explain:		

CLAIMS/ALLEGATIONS OF LIABILITY		
Even if there is no current professional liability coverage in force, please answer the following question regarding claims or allegations:		
Has any professional malpractice or misconduct liability claim been made, or suit filed, or complaint lodged against any person proposed for coverage, or does the educational organization or any person proposed for coverage know of any circumstances, act, error, omission, or inquiry that may result in a professional liability claim against any person or the educational organization?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "yes," please explain:		

I. Internships

There are no underwriting questions for internships coverage.

See the Internships and Professional Services Liability coverage section of UE.org for more information.

II. Professional Services Liability

Health Care Services				
1. Does the educational institution own or operate a clinic, service, operation, or mobile health unit that primarily provides health care services to students, faculty/staff, or their families? Examples include services provided at an infirmary, athletic training facility, and counseling center.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<p>a. What is the full-time equivalent number of medical doctors involved with the delivery of these service(s) to students, faculty/staff, and/or their families? _____</p> <p>b. Please describe how doctors are involved with the service. Select all that apply.</p> <p><input type="checkbox"/> Supervise daily activities</p> <p><input type="checkbox"/> Review clinic notes</p> <p><input type="checkbox"/> Perform clinic services. Describe scope of service: _____</p> <p><input type="checkbox"/> Other (please describe): _____</p> <p><input type="checkbox"/> Not applicable</p>				
2. Does the educational institution own or operate any of the following health care services that primarily serve the public?:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Medical facility with overnight beds (e.g., a hospital) <input type="checkbox"/> Health care services/facilities that are part of a hospital system <input type="checkbox"/> Urgent care clinic </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Clinic, service, operation, or mobile health unit that provides specialized treatment for any of the following: <ul style="list-style-type: none"> • Heart disease • Organ failure (e.g., heart, lung, kidney failure) • Neuro/nervous system illnesses • Autoimmune disease • Intellectual disability • Genetic disease/disorder • Other chronic or terminal disease, illness or condition <input type="checkbox"/> Not applicable </td> </tr> </table>			<input type="checkbox"/> Medical facility with overnight beds (e.g., a hospital) <input type="checkbox"/> Health care services/facilities that are part of a hospital system <input type="checkbox"/> Urgent care clinic	<input type="checkbox"/> Clinic, service, operation, or mobile health unit that provides specialized treatment for any of the following: <ul style="list-style-type: none"> • Heart disease • Organ failure (e.g., heart, lung, kidney failure) • Neuro/nervous system illnesses • Autoimmune disease • Intellectual disability • Genetic disease/disorder • Other chronic or terminal disease, illness or condition <input type="checkbox"/> Not applicable
<input type="checkbox"/> Medical facility with overnight beds (e.g., a hospital) <input type="checkbox"/> Health care services/facilities that are part of a hospital system <input type="checkbox"/> Urgent care clinic	<input type="checkbox"/> Clinic, service, operation, or mobile health unit that provides specialized treatment for any of the following: <ul style="list-style-type: none"> • Heart disease • Organ failure (e.g., heart, lung, kidney failure) • Neuro/nervous system illnesses • Autoimmune disease • Intellectual disability • Genetic disease/disorder • Other chronic or terminal disease, illness or condition <input type="checkbox"/> Not applicable			

IF THE EDUCATIONAL INSTITUTION DOES NOT PROVIDE HEALTH CARE SERVICES TO THE PUBLIC PROCEED TO "OTHER PROFESSIONAL SERVICES" ON PAGE 7.

II. Professional Services Liability (Continued)

Public Health Care Services		
3. Does the educational institution provide health care services at any clinic, operation, or mobile health unit that primarily serves patients other than students, faculty, staff, or their families?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Select each of the following health care services the institution provides to the public. The services below do not require further application questions.		
<input type="checkbox"/> Diagnostic imaging <ul style="list-style-type: none"> • MRI technicians • X-ray technicians <input type="checkbox"/> Health science <ul style="list-style-type: none"> • Dieticians • Nutritionists <input type="checkbox"/> Health care support <ul style="list-style-type: none"> • Phlebotomists • Medical assistants • Dental hygienists • Nursing assistants <input type="checkbox"/> Human services <ul style="list-style-type: none"> • Counselors • Social workers 	<input type="checkbox"/> Nursing services (other than nurse practitioners, nurse anesthetists, or nurse midwives) <ul style="list-style-type: none"> • Registered nurses • Licensed practical nurses • Licensed vocational nurses <input type="checkbox"/> Rehabilitative services <ul style="list-style-type: none"> • Audiology • Kinesiology • Occupational therapy • Physical therapy • Respiratory therapy • Speech-language pathology <input type="checkbox"/> Not applicable	
5. Indicate if health care services to the public are provided by any of the following professionals. Complete questions "a" and "b" below for each selection:		
<input type="checkbox"/> Athletic trainers <input type="checkbox"/> Paramedics/emergency medical technicians <input type="checkbox"/> Pharmacists	<input type="checkbox"/> Psychologists <input type="checkbox"/> Other (please describe): _____ <input type="checkbox"/> None of the above	
a. Indicate the approximate number of patients served annually: _____		
b. How does this service support the educational institution's academic program? Check all that apply:		
<input type="checkbox"/> Clinical learning facility/service for students of the educational institution <input type="checkbox"/> Continuing education for faculty members or employees of the educational institution <input type="checkbox"/> This service is offered independently of any academic degree program. Please describe why the service is provided: _____ <input type="checkbox"/> Other (please describe): _____		
Please use the tables in the Appendix to provide information for each additional health care service.		

II. Professional Services Liability (Continued)

Public Health Care Services (Continued)	
6. Indicate if health care services to the public are provided by any of the following professionals:	
<input type="checkbox"/> Nurse practitioners <input type="checkbox"/> Physician assistants <input type="checkbox"/> Physicians	<input type="checkbox"/> Dentists <input type="checkbox"/> None of the above
a. Indicate the approximate number of patients served annually by dentists: _____	
b. Indicate the approximate combined number of patients served annually at any of the educational institutions' clinics, operations, or mobile health units: _____	
c. What is the full-time equivalent number of physicians involved with the delivery of these services to the public? _____	
d. Please describe how physicians are involved with the service. Select all that apply:	
<input type="checkbox"/> Supervise daily activities <input type="checkbox"/> Review clinic notes <input type="checkbox"/> Perform clinic services. Describe scope of service: _____ <input type="checkbox"/> Other (please describe): _____	
e. How do the professional services support the educational institution's academic program (select all that apply):	
<input type="checkbox"/> Clinical learning facility/service for students of the educational institution <input type="checkbox"/> Continuing education for faculty members or employees of the educational institution <input type="checkbox"/> This service is offered independently of any academic degree program. Please describe why the service is being offered: _____ <input type="checkbox"/> Other (please describe): _____	
f. Do any of the health care service providers cited above provide the following? Select all that apply:	
<input type="checkbox"/> Prenatal services <input type="checkbox"/> Pediatric services <input type="checkbox"/> Not applicable	
g. Describe the scope of services provided and attach job descriptions and state licensure applications for clinics open to the public, if applicable: 	
h. Please provide URLs of any webpages or websites describing the nurse practitioner, physician assistant, and/or general practitioner/internist physician services: 	

II. Professional Services Liability (Continued)

Other Professional Services
<p>7. Indicate if the educational institution performs any of the following professional services to third parties. This can be services provided to entities not affiliated with, owned, or controlled by the educational institution, or services provided to people who are not students, employees, faculty, or staff of the educational institution.</p>
<p><input type="checkbox"/> Architectural</p> <p>a. Indicate the full-time equivalent of employees, contractors, and volunteers providing architectural services to third parties: _____</p> <p>b. Indicate the approximate number of public architectural projects/year: _____</p> <p>c. Indicate the amount of revenues (including grants) from public architectural services: _____</p> <p>d. How does this service support the educational organization's academic program? Check all that apply:</p> <p><input type="checkbox"/> Clinical learning facility/service for students of the educational organization</p> <p><input type="checkbox"/> Continuing education for faculty members or employees of the educational organization</p> <p><input type="checkbox"/> This service is offered independently of any academic degree program. Please describe why the service is provided: _____</p> <p><input type="checkbox"/> Other (please describe):</p>
<p><input type="checkbox"/> Engineering (Do not include nuclear or aerospace engineers)</p> <p>a. Indicate the full-time equivalent of employees, contractors, and volunteers providing engineering services to third parties: _____</p> <p>b. Indicate the approximate number of public engineering projects/year: _____</p> <p>c. Indicate the amount of revenues (including grants) from public engineering services: _____</p> <p>d. How does this service support the educational organization's academic program? Check all that apply:</p> <p><input type="checkbox"/> Clinical learning facility/service for students of the educational organization</p> <p><input type="checkbox"/> Continuing education for faculty members or employees of the educational organization</p> <p><input type="checkbox"/> This service is offered independently of any academic degree program. Please describe why the service is provided: _____</p> <p><input type="checkbox"/> Other (please describe):</p>

II. Professional Services Liability (Continued)

Other Professional Services (Continued)
<input type="checkbox"/> Legal
<p>a. Indicate the full-time equivalent of employees, contractors, and volunteers providing legal services to third parties: _____</p> <p>b. Indicate the approximate number of legal cases/year: _____</p> <p>c. Indicate the amount of revenues (including grants) from legal services: _____</p> <p>d. How does this service support the educational organization's academic program? Check all that apply:</p> <p><input type="checkbox"/> Clinical learning facility/service for students of the educational organization</p> <p><input type="checkbox"/> Continuing education for faculty members or employees of the educational organization</p> <p><input type="checkbox"/> This service is offered independently of any academic degree program. Please describe why the service is provided: _____</p> <p><input type="checkbox"/> Other (please describe):</p>
<input type="checkbox"/> Veterinary
<p>a. Indicate the approximate number of patients served annually: _____</p> <p>b. How does this service support the educational organization's academic program? Check all that apply:</p> <p><input type="checkbox"/> Clinical learning facility/service for students of the educational organization</p> <p><input type="checkbox"/> Continuing education for faculty members or employees of the educational organization</p> <p><input type="checkbox"/> This service is offered independently of any academic degree program. Please describe why the service is provided: _____</p> <p><input type="checkbox"/> Other (please describe):</p>
<input type="checkbox"/> None of the above

Appendix (Additional Information)

Additional Health Care Services Tables

Please use one table per additional professional service. Additional tables are provided on the next page for your convenience. Please duplicate and attach additional tables as needed.

Select each of the following health care services the institution provides to the public. Complete questions "a" and "b" for each selection:	
<input type="checkbox"/> Athletic trainers	<input type="checkbox"/> Psychologists
<input type="checkbox"/> Paramedics/emergency medical technicians	<input type="checkbox"/> Other (please describe): _____
<input type="checkbox"/> Pharmacists	<input type="checkbox"/> None of the above
a. Indicate the approximate number of patients served annually: _____	
b. How does this service support the educational institution's academic program? Check all that apply:	
<input type="checkbox"/> Clinical learning facility/service for students of the educational institution <input type="checkbox"/> Continuing education for faculty members or employees of the educational institution <input type="checkbox"/> This service is offered independently of any academic degree program. Please describe why the service is provided: _____ <input type="checkbox"/> Other (please describe): _____	

Select each of the following health care services the institution provides to the public. Complete questions "a" and "b" for each selection:	
<input type="checkbox"/> Athletic trainers	<input type="checkbox"/> Psychologists
<input type="checkbox"/> Paramedics/emergency medical technicians	<input type="checkbox"/> Other (please describe): _____
<input type="checkbox"/> Pharmacists	<input type="checkbox"/> None of the above
a. Indicate the approximate number of patients served annually: _____	
b. How does this service support the educational institution's academic program? Check all that apply:	
<input type="checkbox"/> Clinical learning facility/service for students of the educational institution <input type="checkbox"/> Continuing education for faculty members or employees of the educational institution <input type="checkbox"/> This service is offered independently of any academic degree program. Please describe why the service is provided: _____ <input type="checkbox"/> Other (please describe): _____	

Appendix (Additional Information)

Additional Public Health Care Services Tables

Please use one table per additional professional service. Duplicate as needed.

Select each of the following health care services the institution provides to the public. Complete questions "a" and "b" for each selection:	
<input type="checkbox"/> Athletic trainers <input type="checkbox"/> Paramedics/emergency medical technicians <input type="checkbox"/> Pharmacists	<input type="checkbox"/> Psychologists <input type="checkbox"/> Other (please describe): _____ <input type="checkbox"/> None of the above
a. Indicate the approximate number of patients served annually: _____	
b. How does this service support the educational institution's academic program? Check all that apply:	
<input type="checkbox"/> Clinical learning facility/service for students of the educational institution <input type="checkbox"/> Continuing education for faculty members or employees of the educational institution <input type="checkbox"/> This service is offered independently of any academic degree program. Please describe why the service is provided: _____ <input type="checkbox"/> Other (please describe): _____	

Select each of the following health care services the institution provides to the public. Complete questions "a" and "b" for each selection:	
<input type="checkbox"/> Athletic trainers <input type="checkbox"/> Paramedic/emergency medical technicians <input type="checkbox"/> Pharmacists	<input type="checkbox"/> Psychologists <input type="checkbox"/> Other (please describe): _____ <input type="checkbox"/> None of the above
a. Indicate the approximate number of patients served annually: _____	
b. How does this service support the educational institution's academic program? Check all that apply:	
<input type="checkbox"/> Clinical learning facility/service for students of the educational institution <input type="checkbox"/> Continuing education for faculty members or employees of the educational institution <input type="checkbox"/> This service is offered independently of any academic degree program. Please describe why the service is provided: _____ <input type="checkbox"/> Other (please describe): _____	