

Limits of Liability: For each wrongful act or series of continuous, repeated or interrelated acts:

- \$250,000 each / \$500,000 annual aggregate
- \$1,000,000 each / \$1,000,000 annual aggregate
- \$1,000,000 each / \$3,000,000 annual aggregate

Underwriting: Completion of an application does not bind the insurance company to issue coverage. While almost all applicants are accepted, it is possible than an applicant may not be accepted based upon information contained in the application. In the event of a covered loss, the insured is required to be defended by the Company’s appointed lawyers and coverage shall apply to loss and claim expenses, adjusting expenses, investigation and legal fees.

Notice: The policy provides that the limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for legal defense. Further note that the amounts incurred for legal defense shall be applied against the deductible amount. If a policy is issued, it will be on a claims-made basis.

1. Name \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
I am applying as a(n):    ☒ Individual                      Corporation                      Partnership                      Other \_\_\_\_\_

2. Deductible (Each wrongful act or series of continuous, repeated or interrelated wrongful acts):  
☐ \$250                      ☐ \$500                      ☐ \$1,000

3. Please provide a description of the educational activities for which coverage is desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Attach brochure if available or attach separate sheet if needed.)

4. Please list educational qualifications (degrees, certifications, licenses) that enable the applicant to provide the educational activities listed in question No. 3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the applicant employed by, or affiliated with, any school, school district or any other institution from which he/she receives compensation?..... ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

6. How long has applicant been providing education services independently? \_\_\_\_\_  
If less than 12 months, please attach a resumé.

7. Please list prior work experiences: \_\_\_\_\_  
\_\_\_\_\_

8. What professional associations does applicant belong to? \_\_\_\_\_  
\_\_\_\_\_

9. A) What is the average class size? (if applicable) \_\_\_\_\_  
B) Total number of students per year: \_\_\_\_\_  
C) Give annual revenues for private practice duties for last year: \_\_\_\_\_ current year (estimated): \_\_\_\_\_

10. Does the applicant have any employees, independent contractors or assistants, other than clerical? ..... Yes No  
If yes, provide a list and description of the duties of each.

Note: Your staff is defined as your direct employees for whom you file a W2 form. If an independent contractor does work on your behalf, a 1099 is filed for them. (Please indicate if employee or independent contractor.) Complete below.

Name	Degree	Field of Study	Duties	Emp	IC

11.

Has any person named in this application ever had any licensing board or professional ethics body require the surrender of his/her license or been found guilty of violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? .....☐ Yes ☐ No  
*If yes, please give the full particulars in order for your application to be considered:* \_\_\_\_\_
12.

Are there any complaints or charges pending against any person named in this application by any licensing board or professional ethics body for violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? .....☐ Yes ☐ No  
*If yes, please explain:* \_\_\_\_\_
13.

Is any person named in this application a salaried employee of any organization other than the applicant’s firm or do you own, partially own, manage or exercise any form of fiduciary control over any business enterprise?.....☐ Yes ☐ No  
*If yes, please explain:* \_\_\_\_\_
14.

Has the applicant ever had professional liability coverage?.....☐ Yes ☐ No  
*If yes, please list:*  
Name of Carrier \_\_\_\_\_  
Limits of Liability \_\_\_\_\_  
Premium \_\_\_\_\_ Expiration Date \_\_\_\_\_
15.

Has any professional liability claim or suit ever been made against any person named in this application, his/her predecessors in business or against any past or present partners?.....☐ Yes ☐ No  
*If yes, please give the full particulars in order for your application to be considered:* \_\_\_\_\_
16.

Are there any circumstances of which any person named in this application is aware that may result in any claim or suit being made against any person named in this application, his/her predecessors in business or against any past or present partner?...☐ Yes ☐ No  
*If yes, please give the full particulars in order for your application to be considered:* \_\_\_\_\_

This application does not bind the applicant or the Company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to, and made a part of, the policy. The undersigned applicant declares that to the best of his/her knowledge the statements set forth herein are true. The applicant further declares that, if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the Company.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Title (if any) \_\_\_\_\_

**New York Applicants — please read further**

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 five thousand dollars and the stated value of the claim for each such violation.

If a policy is issued, New York Insurance Department regulations require that this signed statement be attached to the policy.

The Insured hereby acknowledges that he/she is aware that the limit of liability obtained in the policy shall be reduced, and may be completely exhausted, by the costs of legal defense, and in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of the policy.

The Insured hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the deductible amounts.

Insured \_\_\_\_\_ Date \_\_\_\_\_

**Any questions? Please call toll free (800) 821-7303, Ext. 266**

Please complete this form and all appropriate accompanying forms, print (pages 1 and 2 on 8 1/2 by 14) and mail with your check (made payable to D.G. Kocher, Agent/Broker) to: **D.G. Kocher, Agent/Broker**  
**c/o Forrest T. Jones & Co.**  
**P.O. Box 418131**  
**Kansas City, MO 64141-9131**

## PRIVATE PRACTICE ADDITIONAL INFORMATION PAGE

Insured's Name: \_\_\_\_\_

### **ADDITIONAL INSURED COVERAGE – \$100 ANNUAL EACH ADDITIONAL INSURED**

If you have an additional insured for professional liability coverage, we will need:

- Copy of Contract
- Additional Insured Name: \_\_\_\_\_
- Address of Additional Insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And/or faxed Attention of: \_\_\_\_\_  
Fax #: \_\_\_\_\_

### **PREMISES LIABILITY COVERAGE – \$100 ANNUAL PREMIUM**

YES, please add Premises Liability Coverage to my Private Practice Professional Liability Plan. My enclosed premium check includes the additional \$100 annual premium for this coverage.

If you have an Additional Insured for the Premises Liability coverage, we need:  
(No additional charge if Additional Insured is needed on this coverage)

- Copy of Contract
- Additional Insured Name: \_\_\_\_\_
- Address of Additional Insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And/or faxed Attention of: \_\_\_\_\_  
Fax #: \_\_\_\_\_

### **CERTIFICATE OF INSURANCE**

If a Certificate of Insurance **only** is required, there is no charge, but we will need:

- Address of Certificate Holder: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And/or faxed Attention of: \_\_\_\_\_  
Fax #: \_\_\_\_\_

We also will mail the certificate to the person/agency shown as holder and send you a copy.

*If more space is needed, please attach a separate sheet of paper with requested information.*

Please complete the information above, print, sign and include with your application. If you would prefer to complete manually, please print out, then type or print all answers in ink.