

Application for Employed Individuals and Student Members PROFESSIONAL LIABILITY INSURANCE PROGRAM for ASHA and NSSLHA Members

HOW TO APPLY:

1. Complete application below.
2. Note the premium below for the policy you selected.
All premiums are annual.
3. Return your completed application, along with your annual premium, to the address provided.

All coverages elected must be under the same policy limits. Coverage is effective the date your application is approved and payment is received. Please allow three to four weeks for delivery of your certificate. **Please print all information.**

**FLORIDA AND NEW JERSEY RESIDENTS:
DO NOT COMPLETE THIS APPLICATION. CONTACT ADMINISTRATOR FOR CORRECT APPLICATION.**

If you currently practice or intend to practice within the next 12 months, any amount of electroneurodiagnostic (END) intra-operative services, you are no longer eligible for the standard professional liability program. Please contact us at (800) 503-9230 to discuss coverage options.

1. APPLICANT INFORMATION (Applicant Must Complete)

LAST NAME	FIRST NAME	INITIAL
ADDRESS	CITY	STATE
		ZIP CODE
BUSINESS PHONE	HOME PHONE#	E-MAIL ADDRESS
DATE OF BIRTH (FOR IDENTIFICATION)	ASHA OR NSSLHA MEMBERSHIP #	

2. CHECK ONE:

- \$2,000,000 per incident/occurrence
\$5,000,000 annual aggregate
- \$1,000,000 per incident/occurrence
\$5,000,000 annual aggregate

- \$1,000,000 per incident/occurrence
\$3,000,000 annual aggregate
(If you are a student, this is the only coverage you are eligible for.)

CHECK ONE:

- I am an employee and do not engage in any private practice.
- I am a student member.

CHECK ONE:

- I currently hold the CCC.
- I have the ACE.
- I have both CCC and ACE.
- I have neither CCC nor ACE.

3. ANNUAL COST

Limits of Liability	Cost	With 5% CCC Credit	With 10% ACE Credit*	With 15% CCC/ACE Credit**	Student Cost
\$2,000,000 each incident/occurrence \$5,000,000 annual aggregate	\$92.00	\$87.00	\$83.00 * 87.00	\$78.00 ** 83.00	n/a
\$1,000,000 each incident/occurrence \$5,000,000 annual aggregate	\$79.00	\$75.00	\$71.00 * 75.00	\$67.00 ** 71.00	n/a
\$1,000,000 each incident/occurrence \$3,000,000 annual aggregate	\$57.00	\$54.00	\$51.00 * 54.00	\$48.00 ** 51.00	\$30.00

* 5% credit in New York **10% credit in New York
Underwritten by Chicago Insurance Company, one of the Fireman's Fund Insurance Companies.
S.C. WWW

BE SURE TO SIGN ON REVERSE

4. PREMIUM CALCULATION

Total Premium Due

= \$ _____

5. MUST ANSWER

1. Have you or any of your employees ever had the following: revoked, suspended, refused, denied renewal, placed on probation, canceled, or voluntarily surrendered by you or any of your employees or is such an action pending? (If Yes, explain on a separate sheet of paper, please include dates and details.)

State License or Certification YES NO
Malpractice Insurance** YES NO

** **Notice to Missouri Residents:** This question does not apply.

2. Has any claim or suit ever been brought against you or any of your employees or are you or any of your employees aware of any incident that might reasonably lead to a claim or suit? (If Yes, please explain of a separate sheet of paper, please include dates, allegations and amounts.)

YES NO

I certify that I am a current member of ASHA or NSSLHA and am not self-employed or an employer of others on a full or part-time basis.

I understand that I am not covered by this insurance if I render or fail to render any professional services as the following: physician, surgeon, dentist, nurse midwife, nurse anesthetists, chiropractor, podiatrist, osteopath, cytotechnologist, perfusionist, electroneuro- diagnostic technologist or psychiatrist. 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, 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 ASHA 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 upon 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.

Notice 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 to a civil fraudulent insurance act which is a crime, and shall also be subject penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



Transparency and Disclosure

Thank you for expressing your interest in the professional liability plans administered through Marsh Affinity. As part of Marsh Affinity's best practice, we are disclosing the following:

In this transaction, Marsh is acting as the insurance agent and program manager for Chicago Insurance Company ("Insurer") for this type of coverage, and not as your insurance broker. Comparable insurance products may be available in the insurance market place. Marsh is only offering this selected carrier quote proposal.

Marsh & McLennan Companies, Inc. and its subsidiaries own equity interests in certain insurers and have contractual arrangements with certain insurers and wholesale brokers. Information regarding such interests and contracts is available at <http://global.marsh.com/about/Transparency.php>

Marsh earns and retains interest income on premiums held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

The premium quoted includes up to 31.5% commission payable to Marsh. Your premium payment indicates your consent to this commission for this policy period and subsequent renewals, including any changes in commission rates at any such renewals.

Illinois Only - Illinois Medical Professional Liability Law PA94-677

Illinois Medical Professional Liability Law PA94-677, Senate Bill 475, requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

If you practice in the state of Illinois and your annual medical professional liability premium is above \$500, please visit www.proliability.com/illinstall for information regarding installment payment options.

YOU MUST SIGN AND DATE THIS APPLICATION

Signature _____ Date _____

Enclosed is my check for \$ _____ Effective Date Desired* _____

Make check payable to Seabury & Smith/Marsh and return your check and this application in the envelope provided.

*May not be earlier than the date the administrator receives and approves this application.

I authorize Seabury & Smith/Marsh to charge my: VISA MasterCard Amount \$ _____

Credit Card Number _____ Expiration Date _____

Print name exactly as it appears on card _____

Administrator:

MARSH

Affinity Group Services
a service of Seabury & Smith

Joan F. O'Sullivan, Licensed Agent
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CA License #0633005
d/b/a in CA Seabury & Smith Insurance Program Management

Underwritten by:

Chicago Insurance Company,
One of the Fireman's Fund Insurance Companies®

Note: This is only a summary of the insurance certificate provisions. If any conflict exists with the actual insurance certificate, the terms of the insurance certificate control.

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Professional Liability Insurance exclusively for ASHA Members



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ASSOCIATION

As an ASHA professional, you know you're responsible for the duties and services you provide to your clients. Make sure you're protected.

Program Selections

Employee Program

An "employee" is one who is paid a specified salary or wage from which the employer deducts Federal Income and Social Security Taxes and one who does not engage in any private practice.

Business Self-Employed Program

A person who is "self-employed" receives fees for services from which Federal Income and Social Security Taxes are not deducted. These services may be provided on either a full-time or a part-time basis. A "self-employed" person may practice as an individual or as part of a firm.

Student Program

As a student, you're responsible for the results of your own actions. This insurance coverage is particularly important during your educational activities. Students may only apply for the \$1,000,000/\$3,000,000 Limit of Liability.

Professional Liability Plan Information

- Premium savings available for individuals with CCC or ACE Certifications.
- Your choice of three plans with up to \$5,000,000 in annual coverage.
- Pays all legal defense costs for all covered suits.
- Pays reasonable expenses up to \$11,000 per incident/occurrence for lost wages and expenses due to your participation in the investigation of a covered suit.
- Supplemental Liability for non-business activities— included for individually insured professionals only.
- Deposition fee and expense reimbursement up to \$7,500 of aggregate coverage, when you are not named in a suit.
- Medical payments for non-business activities for persons injured in or around your personal residence—\$5,000 per person up to \$75,000 for all persons.
- Licensing board reimbursement coverage up to \$6,000 per incident/\$10,000 (\$25,000 for groups) annual aggregate for attorney's fees and other costs pertaining to licensing board/governmental regulatory body hearings.
- First party assault coverage of up to \$5,000 per assault with a \$10,000 annual aggregate which includes traveling to and from work.

- First aid reimbursement (\$2,500 annual aggregate).
- Pays court judgments and out-of-court settlements up to the limits of your policy.
- Includes \$750 for damage you unintentionally inflict on the property of others during any non-business pursuit.
- Locum Tenens coverage which provides protection to another professional who temporarily assumes your duties and provides services on your behalf for a specific period of time (self-employed only).

Who May Apply

If you or any of your employees (if applying as a group practice) currently practice or intend to practice within the next 12 months, any amount of electrodiagnostic (END) intra-operative services, you are no longer eligible for the standard professional liability program. Please contact us at (800) 503-9230 to discuss coverage options.

All members of the American Speech-Language-Hearing Association are eligible to apply for Professional Liability Insurance—whether a student, employee, employer or self-employed.

Use the enclosed application.

1. Complete and sign the application.
2. Determine your premium.
3. Return the application and your check or credit card authorization in the enclosed envelope. If approved, your insurance will go into effect on the date your application is approved and premium is received.

Coverage will become effective upon approval of your application and receipt of your premium payment.

Your opinion matters to us. Please complete a customer satisfaction survey at www.seaburychicago.com/survey.

This is a membership service of:



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Administered by:

MARSH

Affinity Group Services
a service of Seabury & Smith

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www.proliability.com

CA License #0633005
d/b/a in CA Seabury & Smith Insurance Program
Management

Underwritten by:

Chicago Insurance Company
One of The Fireman's Fund Insurance Companies®

All costs for this program are paid by the administrator and Insurance Company.

The ASHA Professional Liability Plan has been organized as a risk purchasing group, located and domiciled in Illinois to take advantage of legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. Coverage will be provided to the purchasing group by the Chicago Insurance Company, one of the Fireman's Fund Insurance Companies. This application is subject to underwriter's approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue insurance coverage to you. Receipt of an approved application and premium payment will entitle you to immediate membership in the ASHA Purchasing Group Association and the insurance coverage outlined through the group on an annual term.

PLP-ASHA

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