

Safeguards your interest first and foremost.



Occurrence Coverage with limits of up to \$3 Million aggregate, up to \$1 Million each claim.\*

\*Alternative Policy Forms (Claims-Made) and Alternative Limits are available. Please call 1.800.982.9491 for more information.

Get a quick rate quote through hpsoc.com/Get-a-Quote

PLEASE PRINT CLEARLY AND COMPLETE THE FOLLOWING:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Home Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_
City: \_\_\_\_\_ E-mail: \_\_\_\_\_
State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Please answer ALL questions and SIGN and DATE this application. Incomplete applications cannot be processed.

1. a. Please find your profession on the profession list (page 3) and write it in below. Part time is 24 hours or less per week.

Profession: \_\_\_\_\_ [ ] Full Time [ ] Part Time

[ ] Add Consulting Services Endorsement (\$25). See Page 2 for details.

[ ] Recent Graduate. If you have graduated within the previous 12 months and you are applying for full-time coverage, you may be eligible for up to 60% discount off your premium.

Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
MONTH DAY YEAR

b. [ ] Employed: You provide services on behalf of an entity you do not own, receive a W-2 form from your employer and pay your own insurance premium.

c. [ ] Self-Employed: You provide services on behalf of an entity you do not own as an independent contractor and pay self-employment taxes using a 1099 form. OR, your employer pays your insurance premium.

d. [ ] Student: you are a first-time student who does not currently hold a healthcare license or certification. If you currently hold a license or certification as a healthcare provider, but are a student in another healthcare profession, please call Customer Service at 1.800.982.9491.

Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
MONTH DAY YEAR

e. [ ] Own a practice (ie Inc, P.C., LLC, P.A., Ltd. CORP, DBA, etc.) Please indicate Business Name: \_\_\_\_\_

2. Requested Effective Date of Coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be within 90 days from the date we receive your application. If date indicated is prior to receipt date or if not filled out, the effective date will be the receipt date.)

3. Are you a member of a professional association? [ ] Yes [ ] No Name of Association: \_\_\_\_\_

4. Within the last ten (10) years, you have received notification of a demand, lawsuit, or claim, related to your professional services (Not applicable for MO residents)..... [ ] Yes [ ] No

5. You are or have been the subject of any disciplinary or investigative inquiry or proceeding by a governmental or administrative agency responsible for maintaining your professional standards. .... [ ] Yes [ ] No

6. You are aware of any situation, allegation or incident which may reasonably be expected to result in a demand, lawsuit or claim, or lead to a licensing board investigation or proceeding. .... [ ] Yes [ ] No

(If you have answered "yes" to questions 4, 5 or 6, please provide complete details on a separate sheet of paper and attach to application.)

Insurance Agent: Michael J. Loughran Iowa License# IA241616; Florida License# A158896

SIMPLE ENROLLMENT

- 1. Complete both sides. 2. Print your name, sign and date in ink. 3. Send all pages of the application. 4. HPSO will reach out to take payment and process the application.


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Continue...

I have answered these questions to the best of my knowledge. I certify that I hold the highest credentials or standards appropriate for the healthcare profession for which I have applied as mandated by my state guidelines. I have not withheld information that would influence the judgment of the Insurance Company. My signing of this application does not bind the Company to complete this insurance. It is agreed that this Application shall be on file with the Company and that it shall be deemed to be attached to and made part of the policy, if issued, as if physically attached to the policy. I hereby represent that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my insurance coverage. This application will be the basis of the contract if a Certificate of Insurance is issued. Once approved, I understand that there is no coverage in force until the premium is paid in full. I understand that a state mandated surcharge will be added to my annual premium if I am a resident of KY (1.8%), NJ (0.60%) or WV (0.55%). I have read and consent to the compensation terms below.

#### FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. (For District of Columbia residents only): It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information, materially related to a claim, was provided by the applicant. (For Florida residents only): Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (For Kentucky residents only): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (For Louisiana residents only): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (For Maine residents only): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. (For Maryland residents only: coverage may be terminated or the premium recalculated due to a change in a material risk factor during the 45-day underwriting period that begins on the effective date of the first policy period.) (For New York residents only): 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties 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. (For Oklahoma residents only): WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. (For Pennsylvania residents only): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000. (For Tennessee and Washington residents only): 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. Penalties include imprisonment, fines and denial of insurance benefits. (For Vermont residents only): 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.

 **Please Print Name** \_\_\_\_\_  
**Applicant Signature X** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR  
**This application must be fully completed, signed and dated in ink. We will issue your certificate of insurance upon approval.**

**Agent/Broker Information (if applicable)**  
**Agency Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

One or more of the CNA companies provide the products and/or services described. The information is intended to present a general overview for illustrative purposes only. It is not intended to constitute a binding contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products and services may not be available in all states and may be subject to change without notice. CNA is a registered trademark of CNA Financial Corporation. Certain CNA Financial Corporation subsidiaries use the "CNA" trademark in connection with insurance underwriting and claims activities. Copyright © 2023 CNA. All rights reserved.

Healthcare Providers Service Organization is a registered trade name of Affinity Insurance Services, Inc. (TX 13695); (AR100106022); in CA, MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc. (CA 0G94493); Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.



CA 0G94493

#### The Consulting Services Liability Endorsement

Growing numbers of healthcare providers are putting their specialized knowledge to use in a consulting, teaching or training role. As a healthcare professional, you may assume that any liability you incur in a professional capacity would be covered under a Professional Liability policy, provided you are working within the scope of practice as regulated in your state.

Professional liability insurance provides coverage should there be an act, error or omission in providing professional services which results in injury. Your knowledge and training can create unique opportunities for you to consult beyond direct client care. But consulting services typically go beyond the scope of direct client care and represent a different kind of risk.

Whether or not your specific consulting, teaching or training activities are also within the scope of practice in your state is a question best answered by your state's regulatory agencies. But from an insurance perspective, it is important for you to know that liability that results from consulting may not be covered under professional liability insurance. Losses that typically arise out of a consulting practice are economic or financial rather than injury or damage. **The professional liability policy addresses incidents arising from your professional services that result in injury or damage.**

Exposure to financial liability is a risk you don't have to take. **The Consulting Services Liability Endorsement** provides coverage for when you use your professional skills and knowledge in settings that do not involve direct client care. You can add this valuable protection to your new policy for only \$25 a year. Please note you must be a licensed professional in order to be eligible for the Endorsement. For more information, visit [www.hpso.com/consult](http://www.hpso.com/consult).

#### COMPENSATION and OTHER DISCLOSURE INFORMATION

Healthcare Providers Service Organization, a registered trade name of Affinity Insurance Services, Inc., exclusively offers the HPSO Program as an agent of CNA and provides services that may include the following: program marketing, underwriting, policy management, billing, risk management and client services on its behalf.

Affinity Insurance Services Inc. is an insurance producer licensed in your state. Insurance producers are authorized by their license to advise insurance purchasers about the terms and conditions of particular insurance contracts and to assist in the sale and binding of such policies. Compensation will be paid to the producer by the insurer and/or a third party based on the insurance contract the producer sells. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, Affinity may charge a fee for administrative services. Your signature on this application, or your authorization for payment, is your acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Affinity. You may obtain additional information about compensation received or expected to be received by Affinity regarding the CNA quote on any alternative quotes presented to the purchaser by Affinity, by contacting member services at 1.800.545.4724. In addition, premiums paid to Affinity for remittance to insurers, refunds and claim payments paid to Affinity by insurance companies are deposited into fiduciary accounts in accordance with applicable insurance laws. Subject to such laws and the applicable insurance company's consent, where required, Affinity will retain the interest or investment income earned while such funds are on deposit. Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$6,000,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages first arise. This liability limitation applies to you, our client, against Affinity, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each an "Affinity Group Member"). Nothing in this liability limitation section implies that any Affinity Group Member owes or accepts any duty or responsibility to you. If you assert any claims or make any demands against us or any Affinity Group Member for a total amount in excess of this liability limitation, then you agree to indemnify Affinity for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by Affinity or any Affinity Group Member that exceeds this liability limitation. Aon Corporation, our parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. In such case, the gains or losses we make through our investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at <https://www.aon.com/about-aon/corporate-governance/guidelines-policies/market-relationship.jsp> for a current listing of such relationships.

A full copy of the Affinity compensation and other disclosure information can be found at [www.hpso.com/disclosure](http://www.hpso.com/disclosure).

#### Contracts and Agreements

Aon Corporation's operating affiliates are parties to numerous agreements with many insurance companies, including companies from which our clients have purchased insurance or reinsurance. Please visit <https://www.aon.com/about-aon/corporate-governance/guidelines-policies/market-relationship.jsp> for more detail on these agreements.

Print Name: \_\_\_\_\_

Please select your profession from below, and write in on page 1.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Art Therapist                        | <input type="checkbox"/> EEG Technician                   | <input type="checkbox"/> Patient Care Assistant             |
| <input type="checkbox"/> Athletic Trainer                     | <input type="checkbox"/> EKG Technician                   | <input type="checkbox"/> Patient Care Technician            |
| <input type="checkbox"/> Audiologist                          | <input type="checkbox"/> EMS - First Responder            | <input type="checkbox"/> Personal Trainer                   |
| <input type="checkbox"/> Behavior Therapist                   | <input type="checkbox"/> EMS - Paramedic                  | <input type="checkbox"/> Pharmacist                         |
| <input type="checkbox"/> Bio-Medical Technician/Technologist  | <input type="checkbox"/> EMS - Volunteer                  | <input type="checkbox"/> Pharmacist Assistant/Technician    |
| <input type="checkbox"/> Blood Bank Technician                | <input type="checkbox"/> Esthetician                      | <input type="checkbox"/> Phlebotomist                       |
| <input type="checkbox"/> Cardiovascular Technician            | <input type="checkbox"/> Exercise Physiologist            | <input type="checkbox"/> Physical Therapist                 |
| <input type="checkbox"/> Case Manager                         | <input type="checkbox"/> Fitness/Aerobic Instructor       | <input type="checkbox"/> Physical Therapist Assistant       |
| <input type="checkbox"/> Certified Medical Assistant          | <input type="checkbox"/> Geriatric Care Manager           | <input type="checkbox"/> Psychologist                       |
| <input type="checkbox"/> Child Development Specialist         | <input type="checkbox"/> Health Care Services/Admin       | <input type="checkbox"/> Psychotherapist                    |
| <input type="checkbox"/> Chiropractic Assistant               | <input type="checkbox"/> Health and Wellness Coach        | <input type="checkbox"/> Pilates/Yoga Instructor            |
| <input type="checkbox"/> Chiropractic Technician              | <input type="checkbox"/> Health Educator                  | <input type="checkbox"/> Radiation Therapist                |
| <input type="checkbox"/> Clinical Exercise Specialist         | <input type="checkbox"/> Histologic Technician            | <input type="checkbox"/> Radiologic Technician/Technologist |
| <input type="checkbox"/> Clinical Lab Technician/Technologist | <input type="checkbox"/> Home Health Aide                 | <input type="checkbox"/> Recreation Therapist               |
| <input type="checkbox"/> Community Health Assistant           | <input type="checkbox"/> Hospital Pharmacy Technician     | <input type="checkbox"/> Rehabilitation Assistant           |
| <input type="checkbox"/> Community Health Technician          | <input type="checkbox"/> Kinesiologist/Kinesiotherapist   | <input type="checkbox"/> Rehabilitation Therapist           |
| <input type="checkbox"/> Corrective Therapist                 | <input type="checkbox"/> Laboratory Aide                  | <input type="checkbox"/> Renal Dialysis Technician          |
| <b>Counselor</b>  | <input type="checkbox"/> Laboratory Technician            | <input type="checkbox"/> Respiratory Therapist              |
| <input type="checkbox"/> Alcohol/Drug                         | <input type="checkbox"/> Massage Therapist                | <input type="checkbox"/> Social Worker                      |
| <input type="checkbox"/> Grief                                | <input type="checkbox"/> Medical Assistant                | <input type="checkbox"/> Sonographer                        |
| <input type="checkbox"/> Life Coach                           | <input type="checkbox"/> Medical Aesthetician             | <input type="checkbox"/> Speech Hearing Therapist           |
| <input type="checkbox"/> Marriage/Family                      | <input type="checkbox"/> Medical Records Technician       | <input type="checkbox"/> Speech Language Pathologist        |
| <input type="checkbox"/> Pastoral/Guidance                    | <input type="checkbox"/> Medical Technologist             | <input type="checkbox"/> Sports Medicine Instructor         |
| <input type="checkbox"/> School                               | <input type="checkbox"/> Mental Health Technician         | <input type="checkbox"/> Sports Medicine Therapist          |
| <input type="checkbox"/> Wellness                             | <input type="checkbox"/> MRI Technician                   | <input type="checkbox"/> Surgical Assistant                 |
| <input type="checkbox"/> Clinical/Rehab/Mental Health         | <input type="checkbox"/> Music Therapist                  | <input type="checkbox"/> Surgical First Assistant           |
| <input type="checkbox"/> Other (write below & on page 1)      | <input type="checkbox"/> Nuclear Medicine                 | <input type="checkbox"/> Surgical Technician                |
| _____   | <input type="checkbox"/> Nurse's Aide                     | <input type="checkbox"/> Ultrasound Technician              |
| _____   | <input type="checkbox"/> Nursing Assistant                | <input type="checkbox"/> Vascular Technician                |
| <input type="checkbox"/> Dental Assistant                     | <input type="checkbox"/> Nutritionist                     | <input type="checkbox"/> X-Ray Technician                   |
| <input type="checkbox"/> Dental Hygienist                     | <input type="checkbox"/> Occupational Therapist           | <input type="checkbox"/> Other (write below & on page 1)    |
| <input type="checkbox"/> Diagnostic Medical                   | <input type="checkbox"/> Occupational Therapist Assistant | _____   |
| <input type="checkbox"/> Dialysis Technician                  | <input type="checkbox"/> Optometry Assistant/Technician   | _____   |
| <input type="checkbox"/> Dietician                            | <input type="checkbox"/> Orthopedic Assistant             |   |