

A SPECIAL INSURANCE PLAN DESIGNED FOR YOU

Professional training demands personal involvement—with people, their situations, and their environment. Unfortunately, such involvement may sometimes place you in a situation where you are vulnerable to legal action. There is always the possibility that you may be held personally responsible for some alleged malpractice, error or mistake, arising out of your professional training.

Lawsuits are unpleasant. They're also expensive. A claim for alleged negligence, even though it may be invalid, must be defended. Just the cost of such defense can be excessively high.

COVERAGE FEATURES

- A no deductible plan of insurance against claims arising out of professional training.
- Protection against acts occurring during the policy period, even though the claim is submitted after the policy expires.
- Individual students can purchase coverage for duties performed as part of their school curriculum including field placement.
- Worldwide coverage as long as suit is brought in a court in the U.S.A. or Canada.

EFFECTIVE DATE

All policies become effective on the first of the month following the date the completed application is approved and premium is received.

Consideration will be given to those applicants requiring a date other than the first of the month, however no policies will be back-dated. Please make a written request when the application is submitted.

COST OF INSURANCE

INDIVIDUAL STUDENT — Available only to individual students. Protects you for duties and field placement which is part of your school curriculum.

Limits of Liability	Annual Premium
\$1,000,000/\$1,000,000	\$23
\$1,000,000/\$3,000,000	\$35
\$2,000,000/\$4,000,000	\$41

If you are interested in receiving information concerning our school policy which covers all faculty and students, please contact the American Professional Agency, Inc. at (631) 691-6400 or (800) 421-6694.

Policy coverages and benefits are only briefly outlined here. For complete provisions, including exclusions, please refer to the policy itself which is available upon request.

FOR OFFICE USE ONLY
PREMIUM:
RATED BY:
EFFECTIVE DATE:
REFUND AMOUNT DUE:

Application

FOR INDIVIDUAL STUDENT
 offered through the Professional Counselors Purchasing Group, Inc.

Notice to Florida and Iowa Applicants:
 License #054346502 issued to Richard C. Imbert

Notice to California Applicants:
 License #0555091 issued to the American Professional Agency, Inc.

**PLEASE MAKE CHECKS PAYABLE TO:
 AMERICAN PROFESSIONAL AGENCY, INC.**

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

1. Name of Applicant: _____

2. (a) Mailing Address: _____ Home/Bus. Phone#() _____
area code number

City County State Zip Code

(b) E-mail Address: _____

3. Limits of liability desired: (Check one) \$1,000,000/1,000,000 \$1,000,000/3,000,000 \$2,000,000/4,000,000
\$23.00 \$35.00 \$41.00

4. Academic Training

Name of College or University (including current enrollment)	City and State	Curriculum Major	Years of Attendance	Title of Degree(s) Received or Expected (i.e. BA, MA)	Date Degree Received or Expected mm/yy

5. Are you a Member of NASW? Yes No Pending
 Specify Membership Category (i.e. Regular, Clinical, Associate, Student) _____

REPRESENTATION SECTION

Any policy issued by the Company is based on the following Representations:

6. *After inquiry of the individual listed in Question 1:

*"After inquiry" means that the applicant has inquired of each person as to whether he/she has information pertinent to this question. **If you answer "Yes", please include all documents pertinent to the situation you are describing.**

(a) Has the applicant ever been convicted of or charged with a crime in any state or country, the disposition of which was other than acquittal or dismissal? Yes No
 If yes, please give full particulars in order for your application to be considered.

(b) Has the applicant ever been required by any licensing board or professional ethics body to surrender your license or found you guilty of a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? Yes No
 If yes, please give full particulars, and copies of charges, correspondence and any findings in order for your application to be considered.

(c) Are there any complaints, charges or investigations pending against the applicant 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 give full particulars, and copies of charges, correspondence and any findings in order for your application to be considered.

(d) Has the applicant ever had any insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance? Yes No
(NOTE: MISSOURI APPLICANTS DO NOT RESPOND.)
 If yes, please give full particulars in order for your application to be considered.

AP-SWSTUWS

Please complete every question fully.

- (e) Has any professional liability claim or suit ever been made against the applicant, their predecessors in business or against any past or present partner(s)? Yes No

If yes, please give full particulars and copies of any summons and complaints, pertinent correspondence and outcome, if any, in order for your application to be considered.

- (f) Are there any circumstances of which the applicant is aware of that may result in any professional liability claim or suit being made against the applicant, their predecessors in business or against any past or present partner(s)? Yes No

If yes, please give full particulars in order for your application to be considered.

- (g) Is the applicant engaged in or ever been engaged in any sexual misconduct with any of your current or former patients or any current or former patient's spouse or any person with a direct relationship to the patient or former patient (for example a guardian, blood relative of the patient or spouse or any person sharing the patient's domicile)? Yes No

(Sexual misconduct means any actual erotic physical contact or attempt thereof or proposal thereof.)

If yes, please give full particulars in order for your application to be considered.

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION BY APPLICANT CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT NOR 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 BECOME PART OF THE POLICY.

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 fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation."

Notice to Ohio Applicants: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Notice to Kentucky Applicants: "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."

Notice to Pennsylvania 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 fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Notice to New Jersey Applicants: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

Notice to Florida Applicants: "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 in the third degree."

Notice to Colorado Applicants: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

Notice to Minnesota Applicants: "A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

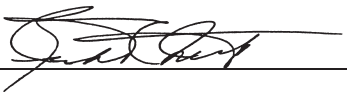
Notice to Arkansas Applicants: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Date: _____

Signature: _____ (STUDENT)

Title: _____

APPLICATION MUST BE SIGNED, DATED, FULLY COMPLETED AND ACCOMPANIED BY THE PREMIUM TO BE CONSIDERED. PLEASE MAKE CHECKS PAYABLE AND RETURN WITH THE APPLICATION TO: AMERICAN PROFESSIONAL AGENCY, INC., 95 BROADWAY, AMITYVILLE, N.Y. 11701

Signature of Authorized Representative of the American Professional Agency, Inc.: 

Please make check payable to:

American Professional Agency, Inc.

Mail to:

**American Professional Agency, Inc.
95 Broadway
Amityville, NY 11701**