

# Student Malpractice Blanket Liability Insurance Program

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- Choice of Four Plans
- Faculty Included at No Additional Cost
  - Broad Occurrence Coverage
    - Easy to Enroll
    - Low Cost

*Bill Beatty*

Insurance Agency, Inc.  
1202 Richardson Dr., Suite 100  
Richardson, Texas 75080  
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800-451-8358  
(972)437-3759 Fax  
[www.bbi-tx.com](http://www.bbi-tx.com)  
staff@bbi-tx.com

## How the Plan Works

### Questions and Answers

#### **Q. What does the policy provide?**

Coverage is provided by the insurance company for claims arising out of real or alleged medical incidents when the injury being claimed is the result of an act or omission. Payment of all court costs is provided. Expert legal counsel and claims adjusters are immediately available in all sections of the country to aid and defend the insured without cost.

#### **Q. What if a claim is presented years after the incident occurred?**

This is an "Occurrence Form Policy" which means that you will be fully protected at any future date even though your policy may not be in effect at that time, provided that your policy was in effect when the incident occurred. This is an important feature due to the extended period of time that can elapse before a claim is made.

#### **Q. Are students covered if they are doing part-time work outside their practicum?**

No. Under this program, students are covered for malpractice related to their normal curriculum, studies, and assignments 24 hours a day, working in or out of school.

#### **Q. Is there an additional charge for insuring faculty members?**

No. This is a blanket policy that includes faculty coverage while they are instructing or supervising students. Coverage for activities other than these are available from Bill Beatty Insurance Agency, Inc.

#### **Q. Who may apply?**

This program offers coverage to all students and faculty of an entire school or selected allied health care departments. The school may also be included as an "additional insured". Coverage is issued under one policy at a substantial savings when compared to the cost of comparable individual policies.

#### **Q. Why should the school be listed as an additional insured?**

When filing a lawsuit against a student's action, the school will often be named in the suit also. Any legal fees or claims incurred against the school will be covered if you named the school as an additional insured.

#### **Q. How much of a savings can be realized under this program?**

For instance, on an individual policy basis, the student would pay a premium of \$35.00 for limits of \$1,000,000/\$3,000,000. The Blanket premium of \$14.50 per student is a savings of more than 50%.

#### **Q. May we select the effective date of our Blanket Liability Policy?**

Yes. You may select the effective date of up to 30 days following the date that your enrollment form is received.

#### **Q. Many of our clinical training facilities require evidence of malpractice coverage or other special requirements before our students can enter for training. How can this be handled?**

Certificates of Insurance can be provided to all facilities. For any special requirements, contact Bill Beatty Insurance Agency, Inc.

#### **Q. What will the total cost be?**

Your premium is based on the total number of students that you enrolled during the policy period. All additional students that enroll after the policy effective date will pay a pro-rated amount. Please contact our office for the appropriate premium.

### HOW TO ENROLL

1. Give official name and address of school and department.
2. Indicate number of students to be insured under Section I and Section II.
3. Select plan and calculate premium. The plan (limits selected) must be the same for all students.
4. To include school as an "Additional Insured" add 25% of the total student premium.
  5. Indicate date you desire coverage to begin.
6. Sign and date application, make check payable to Bill Beatty Insurance Agency, Inc.

When more than one department is involved, if school regulations permit, please include total premium in one check.

Administered by:

*Bill Beatty*

Insurance Agency, Inc.  
1202 Richardson Dr., Suite 100  
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### IMPORTANT

State insurance regulation requires that only a local resident recording agency must solicit and process business for Texas residents.

This is an illustration of benefits, not a contract. In the event of a conflict between the above questions & answers and the policy, the policy language shall control.

# **BLANKET ENROLLMENT FORM**

OFFICIAL NAME OF SCHOOL: \_\_\_\_\_

PERSON TO CONTACT AT SCHOOL: \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

THIS IS RENEWAL OF POLICY \_\_\_\_\_

If not for a renewal, please make the policy effective on: \_\_\_\_\_

**I. We desire to insure the Students of the Allied Health Specialties checked below, and have indicated the number of Students in each course of study:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Art Therapist                        | <input type="checkbox"/> Enterostomal Therapist              | <input type="checkbox"/> Optometric Technician                         |
| <input type="checkbox"/> Athletic Trainer                     | <input type="checkbox"/> Geriatric Nursing Assistant         | <input type="checkbox"/> Optometrists                                  |
| <input type="checkbox"/> Audiologist                          | <input type="checkbox"/> Health Information Technologist     | <input type="checkbox"/> Orthopedic Assistant                          |
| <input type="checkbox"/> Bio-Medical Technician               | <input type="checkbox"/> Health Education                    | <input type="checkbox"/> Pastoral Counselors                           |
| <input type="checkbox"/> Blood Bank Technologist              | <input type="checkbox"/> Hemodialysis Technician             | <input type="checkbox"/> Personnel and/or Guidance Counselors          |
| <input type="checkbox"/> Cardiology Technician                | <input type="checkbox"/> Histologic Technician               | <input type="checkbox"/> Pharmacist                                    |
| <input type="checkbox"/> Certified Laboratory Assistant       | <input type="checkbox"/> Hospital Pharmacist Technician      | <input type="checkbox"/> Pharmacist Technician                         |
| <input type="checkbox"/> Child Care Assistant Programs        | <input type="checkbox"/> Kinesiology                         | <input type="checkbox"/> Phlebotomist                                  |
| <input type="checkbox"/> Child Development and/or Family Svcs | <input type="checkbox"/> Laboratory Aide                     | <input type="checkbox"/> Physical Therapist                            |
| <input type="checkbox"/> Clinical Laboratory Technologist     | <input type="checkbox"/> LVN                                 | <input type="checkbox"/> Physical Therapist Assistant                  |
| <input type="checkbox"/> Community Health Intern              | <input type="checkbox"/> Long Term Healthcare Administration | <input type="checkbox"/> Psychiatric Technician                        |
| <input type="checkbox"/> Cosmetologist                        | <input type="checkbox"/> Marriage & Family Counselors        | <input type="checkbox"/> Psychologist                                  |
| <input type="checkbox"/> Counselors                           | <input type="checkbox"/> Massage Therapist                   | <input type="checkbox"/> Radiologic Technologist                       |
| <input type="checkbox"/> C.O.T.A.                             | <input type="checkbox"/> Medical Assistant                   | <input type="checkbox"/> Recreational Therapist                        |
| <input type="checkbox"/> Dance Therapist                      | <input type="checkbox"/> Medical Laboratory Technician       | <input type="checkbox"/> Registered Nurse                              |
| <input type="checkbox"/> Dental Assistant                     | <input type="checkbox"/> Medical Technologist                | <input type="checkbox"/> Rehabilitation Assistant                      |
| <input type="checkbox"/> Dental Hygienist                     | <input type="checkbox"/> Medical Technical Assistant         | <input type="checkbox"/> Respiratory Therapist                         |
| <input type="checkbox"/> Dental Laboratory Technician         | <input type="checkbox"/> Mental Health Workers               | <input type="checkbox"/> Respiratory Therapy Technician                |
| <input type="checkbox"/> Diagnostic Medical Sonographer       | <input type="checkbox"/> Music Therapist                     | <input type="checkbox"/> Social Workers                                |
| <input type="checkbox"/> Dietitian                            | <input type="checkbox"/> Nurses Aide                         | <input type="checkbox"/> Speech-Language Pathologist                   |
| <input type="checkbox"/> Drug & Alcohol Counselor             | <input type="checkbox"/> Nursing Assistant                   | <input type="checkbox"/> Surgical Technologist                         |
| <input type="checkbox"/> EEG Technician                       | <input type="checkbox"/> Nuclear Medical Technologist        | <input type="checkbox"/> Ultrasound Technologist                       |
| <input type="checkbox"/> EKG Technician                       | <input type="checkbox"/> Occupational Therapist              | <input type="checkbox"/> Other, explain and include copy of curriculum |

The aggregate limit of liability shall apply separately to each person insured  
 Select the plan you desire and indicate number of students to be insured and multiply by the following rates

PLAN	TOTAL # OF STUDENTS		STUDENT PREMIUM
I \$2,000,000/4,000,000	_____	X	\$17.00
II \$1,000,000/3,000,000	_____	X	\$14.50
III \$1,000,000/1,000,000	_____	X	\$13.50
IV \$500,000/500,000	_____	X	\$13.00 Premium \$ _____

PLEASE NOTE: You may choose Plan I-IV but not a combination.

**II. Coverage is also available for the following medical/non-medical specialties. The following rates apply for these specialties. Apply these rates to the number of students indicated:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Circulation Technicians               | <input type="checkbox"/> Paramedics            | <input type="checkbox"/> Surgeons Assistants                        |
| <input type="checkbox"/> Emergency Medical Technicians (EMT's) | <input type="checkbox"/> Physicians Assistants | <input type="checkbox"/> Other explain & include copy of curriculum |
| <input type="checkbox"/> Nurse Practitioners                   |  |   |

PLAN	TOTAL #OF STUDENTS		STUDENT PREMIUM
I \$2,000,000/4,000,000	_____	X	\$71.00
II \$1,000,000/3,000,000	_____	X	\$61.00
III \$1,000,000/1,000,000	_____	X	\$58.00
IV \$ 500,000/ 500,000	_____	X	\$50.00 Premium \$ _____

PLEASE NOTE: You must choose the same plan as Number I.

**THIS IS NOT THE END. CONTINUED ON BACK**

**Total Student Premium**

\$ \_\_\_\_\_

**III. A.** Has the applicant ever had a Professional Liability claim made or suit brought against them?  
If yes, give a full detailed description on a separate sheet and refer to company for pricing.

\_\_\_ Yes \_\_\_ No

**B.** Additional Insured – (If the school is to be named as an “Additional Insured” add 25% of the total premium for Students)

\$ \_\_\_\_\_

**C. TOTAL PREMIUM for the policy period (Minimum premium of \$400 required for policy issuance,  
If the school is added as Additional Insured the minimum is \$500)**

\$ \_\_\_\_\_

**\*\*ROUND TO THE NEAREST DOLLAR TO CALCULATE TOTAL\*\***

**IV.** In the past three years, has any carrier cancelled or refused to renew coverage?

\_\_\_ Yes \_\_\_ No

If yes, explain fully: \_\_\_\_\_

The program is not available to students training to be nurse midwives, physicians, dentists, nurse anesthetists, babysitters, radiation therapy technologists (radiation oncology technologists), surgeons, chiropractors, osteopaths, veterinarians, perfusionists or cytotechnologists.

Also, you are not covered for the administration of anesthetics or the operation of motor-driven vehicles.

In order to enhance the stability of the program, our Student Professional Liability Program has been organized as a risk-purchasing group located and domiciled in Illinois, pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. Coverage will be provided to the Allied Health Purchasing Group Association by the Chicago Insurance Company, a member company of the Interstate Insurance Group.

Receipt and approval of a completed enrollment form and the appropriate premium will entitle you to immediate membership in the Allied Health Purchasing Group Association and the insurance coverage obtained through the group policy on an annual term.

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.

This application is subject to the company’s underwriting rules and approval.

The coverage described herein is subject to all the terms, exclusions and conditions of the insurance certificate.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

**IMPORTANT NOTICE - GRADUATING STUDENTS**

Students’ coverage terminates upon graduation. Please send a list of your graduating students’ names, addresses and professions to Bill Beatty Insurance Agency, Inc. They will be sent information on how to continue their coverage.

**A CERTIFICATE OF INSURANCE CANNOT BE ISSUED WITHOUT COMPLETION OF THIS FORM (WITH ORIGINAL SIGNATURE) AND PREMIUM PAYMENT IN FULL.**

Underwritten by:  
Chicago Insurance Company  
Chicago, Illinois

One of the Interstate Insurance Companies, a subsidiary of the Fireman’s Fund Insurance Companies.

*Bill Beatty*  
**INSURANCE AGENCY, INC**

**Thank you for doing business with a Texas agent providing medical professional liability insurance since 1962.**