

Private Practice Professional Liability Insurance

INSTRUCTIONS

How do I apply?

- 1 **Complete** the application. To view rates, navigate to the Private Practice Professional Liability product page and click on the Rates Tab. *(Please type or print all answers in ink.)*
- 2 **Pay** by check (annual premium.)
- 3 **Mail** your signed application with payment to: *(We suggest you keep one copy of the signed coverage request form with your important papers.)*

Richard F. Jones, Jr., Agent/Broker
c/o Forrest T. Jones & Company, Inc.
P.O. Box 418131
Kansas City, MO 64141-8131

For Overnight Delivery:
3130 Broadway
Kansas City, MO 64111

What if I have questions?

Contact us by e-mail, postal mail or telephone and we will be happy to answer your questions.



info@ftj.com



Forrest T. Jones & Company, Inc.
P.O. Box 418131
Kansas City, MO 64141-8131



800.821.7303
Ext. 1266 for residents of
CT, DC, IL, MA, MD, ME, MN,
MI, NH, NJ, RI, VA, VT, WI, WV
Ext. 1228 for residents of all other states

Thank you for your interest in this valuable coverage.

Note: If you wish to cover employees, independent contractors, or are applying as a Partnership or Corporation, please call for complete rate information.

The information on the web site contains only a brief description of the Private Practice Professional Liability Plan and is not binding on the company. The actual coverage terms and full details are contained in the certificate of insurance. Please read the certificate carefully and refer any questions to the plan administrator.

Application begins on next page →

Private Practice Professional Liability Application

Underwritten by:
Star Insurance Company
Savers Property & Casualty Insurance Company

Complete this Form and Return to:



Forrest T. Jones & Company*
Group Insurance Administrator

P.O. Box 418131, Kansas City, MO 64141-8131 (800) 821-7303

*Forrest T. Jones Consulting Company in Arizona

Notice: If a policy is issued, it will be on a claims-made basis.

The policy provides that the limit of liability available to pay judgments or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

This application is for educators engaged in Private Practice, who are self-employed, independent contractors, or paid consultants, rather than employees of schools. If you are a W-2 employee, please refer to the Employed Educators Program for a different application.

- ◆ **Limits of Liability Desired:** (Check one box.)
☐ \$250,000 each/\$500,000 annual aggregate (Not applicable in Missouri)
☐ \$1,000,000 each/\$1,000,000 annual aggregate
☐ \$1,000,000 each/\$3,000,000 annual aggregate

Limits of Liability apply to each claim. A series of continuous, repeated or interrelated negligent acts are considered one act and one claim. The first limit is applicable to each claim. The second limit is the maximum limit the Company will pay during any one policy period.

- ◆ **Deductible:** (Check one box.)
☐ \$250 each **claim** you are responsible for
☐ \$500 each **claim** you are responsible for
☐ \$1,000 each **claim** you are responsible for

Underwriting: Completion of an application does not bind the insurance company to issue coverage. While almost all applicants are accepted, it is possible that 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, investigation and legal fees.

1. I am applying as a(n): ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____

If applying other than an individual, indicate name of entity: _____

Full Name of Applicant: _____

Street Address (Required) _____
(Please include Apt / Room #) City State ZIP

Mailing Address (Optional) _____
(Please include Apt / Room #) City State ZIP

Daytime Phone: _____ E-mail: _____ Web site: _____

2. Please provide a **detailed description** of the educational activities the applicant performs and for which coverage is desired:

(Attach separate sheet if needed. Attach a brochure if available.)

3. In addition to your Private Practice, are you also a W-2 employee of any school district or any other institution? ☐ Yes ☐ No

If Yes, please explain: _____

4. How long have you been providing educational services independently? (If less than 12 months, attach a resume.)

5. To what professional associations do you belong? (You must be a member of sponsoring association in order to purchase coverage.)

6. Give gross annual revenues for private practice duties for last year: \$ _____ Current year: \$ _____

7. Has the applicant had professional liability coverage? ☐ Yes ☐ No

If Yes, please list: (Attach a separate sheet if necessary.)

Name of Carrier	Limit of Liability	Claims Made or Occurrence?	Premium	Inception Date	Expiration Date
	\$		\$		

Is Prior Acts Coverage desired? ☐ Yes ☐ No (Note: May be available with continuous claims made coverage with an approved company.)

8. Please list **your name and qualifications**, and the names and qualifications of all your salaried (**W-2 Form**) employees (except clerical) that enable you and your staff to provide the educational activities listed in Question # 2. If you are applying as a partnership, list all partners as well. (Attach a separate sheet if necessary.)

Name	Degree/Certification/License	Field of Study	Duties

Total number of employed W-2 staff (except clerical), including yourself: _____ (Must correspond with number listed above.)

9. Does the applicant use any subcontractors, independent contractors or consultants (**Form 1099** recipients for tax purposes) whose services correspond with your educational specialty, and with whom you share fees, bill for or derive income in any way? ☐ Yes ☐ No

If **Yes**, you must list names and qualifications of each and pay the appropriate additional premium. Attach a separate sheet if necessary. The applicant will be covered for acts performed on your behalf by those listed below, subject to the terms of the policy, but they are not insureds as defined in the policy. They should consider purchasing their own separate professional liability policy if they desire coverage on their own acts.

Name	Degree/Certification/License	Field of Study	Duties

Total number of subcontractors, independent contractors and consultants: (Must correspond with number listed above)

10. Any policy issued by the Company is based on the following representations:

After inquiry of all individuals named on the application, I represent the following statements are true. ("After inquiry" means the applicant has inquired of each person as to whether he/she has information pertinent to this question.)

If Yes, attach a separate sheet explaining the full particulars and include all documents pertinent to the situation.

A. Has any person named in the application ever been convicted of a crime in any state or country? ☐ Yes ☐ No

B. Has any person named in this application ever had any licensing board or professional ethics body require the surrender of their license or been found guilty of violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? ☐ Yes ☐ No

- C.** 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
- D.** 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
- E.** Has any professional liability claim or suit ever been made against any person named in this application, their predecessors in business or against any past or present partners? ☐ Yes ☐ No
- F.** Are there any circumstances of which any person named in this application is aware of that may result in any claim or suit being made against any person named in this application, their predecessors in business or against any past or present partner? ... ☐ Yes ☐ No
- G.** Has any person named in the application ever had any insurance company or Lloyd's of London decline, cancel, refuse to renew, or accept only on special terms, any professional liability policy? (Not applicable in Missouri.) ☐ Yes ☐ No

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.

Signature: _____ Date: _____

Title (if any): _____

Missouri - Defense Within Limits

I hereby acknowledge that I am aware that the limit of liability contained in the policy shall be reduced, and may be completely exhausted, by the costs of legal defense, and in such event, that I shall be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of the policy. Such legal defense costs include the reasonable and necessary fees, costs and expenses, with my written consent, resulting solely from the investigation, legal defense and legal appeal of a claim against me, but excluding the salaries of officers and employees of the company which are separately identified as arising from the defense of a specific claim.

I hereby further acknowledge that I am aware that legal defense costs that are incurred shall be applied against the deductible amounts.

Signature: _____ Date: _____

Title (if any): _____

New York Notice

Any person who knowingly with intent to defraud any insurance company or 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 violation.

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

I hereby acknowledge that I am aware that the limit of liability contained 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 judgment or settlement to the extent that such exceeds the limit of the policy.

I hereby further acknowledge that I am aware that legal defense costs that are incurred shall be applied against the deductible amounts.

Signature: _____ Date: _____

Title (if any): _____

For additional information about features and rates visit www.ftj.com/educatorliability

The Application must be fully completed, signed, dated and accompanied by a check to be considered. (Credit card payment is not available.)

Mail your check (made payable to **Richard F. Jones, Jr., Agent/Broker**) to:

Richard F. Jones, Jr., Agent/Broker
c/o Forrest T. Jones & Company
P.O. Box 418131
Kansas City, MO 64141-8131

For overnight delivery: Richard F. Jones, Jr., Agent/Broker
c/o Forrest T. Jones & Company
3130 Broadway
Kansas City, MO 64111

Fraud Warning Notices

Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information, is guilty of a crime.

ALASKA: A person who knowingly, and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law. A lack of the statement on a claim form does not constitute a defense to prosecution under this title. 21.36.380

ARKANSAS: 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. 23-66-503

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. 1871.2

False representations made on the signed claim form by the insured arising from the theft of an insured vehicle will subject the insured to a penalty of perjury. 1871.3

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material misrepresentation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. 5401.7

COLORADO: 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. 10-1-127(7)

DELAWARE: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. 913(b)

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. 817.234(1)(b)

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree. 440.37(2)(a)

IDAHO: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement containing any false, incomplete, or misleading information is guilty of a felony. 41-1331

INDIANA: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony. 27-2-16-3(a)

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a 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. 304.47-030(1), (2)

MINNESOTA: 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. 60A.955

NEVADA: Persons who knowingly prepare, present or cause to be presented to any insurer, claims information which is incomplete, misleading, or false have not fulfilled their duties under their insurance contract. Such persons may also be guilty of a felony. 686a.292

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638.20. 402:82

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information, or who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. 17:33A-6a, c

NEW MEXICO: 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 civil fines and criminal penalties. 59A-16C-8

OHIO: Any person who, with the 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. 3999.21

OKLAHOMA 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. 3613.1; 365:10-1-11; 365:15-1-10

PENNSYLVANIA: 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. 68.402(f)(1)

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. 4117(k)(1)

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits. Title 56

UTAH: For your protection, Utah law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Private Practice Optional Coverage Application

Underwritten by:
Star Insurance Company
Savers Property & Casualty Insurance Company

Complete this Form and Return to:



Forrest T. Jones & Company*

Group Insurance Administrator

P.O. Box 418131, Kansas City, MO 64141-8131

(800) 821-7303

**Forrest T. Jones Consulting Company in Arizona*

Please print in ink or type.

1 Personal Information:

Insured's Name: _____

2 STOP!! If you are applying for or renewing your Off-Premises Liability Coverage, please read this notice carefully.

You may make your services available or promote your services at locations provided by clients and need insurance coverage at those locations for bodily injury and property damage liability claims. The Off-Premises Liability Coverage is designed to provide limited liability coverage in those instances. **PLEASE NOTE:** Coverage is not commercial general or comprehensive general liability insurance. It will not cover a location you own or rent, for example, your office space.

This is only a brief description of the Off-Premises Liability Coverage. All claims are subject to actual policy terms and conditions. Should you have any questions or need any additional information, please contact us at (800) 821-7303.

3 Off-Premises Liability Coverage – \$150 Annual Premium, plus \$10 for each employee or independent contractor

(Please note that the premium for this coverage is a “flat charge” and no premiums will be returned for employees or independent contractors you delete during the policy term.)

- ☐ Yes, please add Off-Premises Liability Coverage to my Private Practice Professional Liability Plan. The enclosed premium check includes the additional \$150 annual premium plus \$10 for each employee or independent contractor for Off-Premises Liability Coverage.

There is no additional charge if an additional insured is needed on the Off-Premises Liability Coverage.* If you have an additional insured for the Off-Premises Liability Coverage, we need:

- ◆ Copy of Contract
- ◆ Additional insured name: _____
- ◆ Fax No.: _____
- ◆ Contact: _____
- ◆ Address of additional insured: _____

We will mail and/or fax a certificate to the indicated additional insured.

** An additional insured is an entity for which you work under contract who has requested to be named on your policy.*

Continued on back; please complete all pages ➔

4 Professional Liability Additional Insured Coverage — \$100 Annual Premium Each Additional Insured

If you have an additional insured for professional liability coverage, please complete the following.* The enclosed premium check includes the additional \$100 annual premium for this coverage.

- ◆ Copy of Contract
- ◆ Additional insured name: _____
- ◆ Fax No.: _____
- ◆ Contact: _____
- ◆ Address of additional insured: _____

We will mail and/or fax a certificate to the indicated additional insured.

5 Certificate of Insurance:

Applies to: ☐ Professional Liability ☐ Off-Premises Liability

If a Certificate of Insurance only is required, there is no charge, but to mail and/or fax a certificate we will need:

- ◆ Contact: _____
- ◆ Fax No. for Certificate Holder: _____
- ◆ Address of Certificate Holder:** _____

We will mail and/or fax a certificate to the indicated additional insured.

* An additional insured is an entity for which you work under contract who has requested to be named on your policy.

** A certificate holder is an entity for which you work, but do not name as an additional insured.

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