

# Research or Academic Psychologist's Professional Liability Application



Applying online at [www.apait.org](http://www.apait.org) will expedite the approval and delivery of your policy. You may complete the application below if you do not have Internet access.

**Underwritten by:**  
**ACE American Insurance Company**

**A. Please type or print clearly in black ink.**

**B. Answer ALL questions completely. If any question or part of a question doesn't apply, print "N/A" in space. LEAVE NO BLANKS.**

**A Please complete this section:**  Dr.  Mr.  Mrs.  Ms.

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

Degree: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone number: (\_\_\_\_\_) \_\_\_\_\_

FAX number: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_\_  
Month Day Year

License Number: \_\_\_\_\_

Research or Academic Institution: \_\_\_\_\_

I prefer to have policy and renewal materials sent to me via *(select one)*:

E-mail (fastest)  US Postal Service

I request my insurance coverage become effective on: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

*(This date may not be earlier than the date the application is received by TRMS and not more than 90 days from the date of this application.)*

APA membership number: \_\_\_\_\_

I have applied for membership and my membership application is pending.

APA membership or pending membership is only required prior to the issuance of your first policy with the Trust-sponsored Professional Liability Program. If you are unsure of your APA member number, please call 1-800-374-2721, ext 5580.

**B Select a Limit of Liability:**

**Standard Protection for Teaching or Research Only**

	Each Incident	Annual Aggregate	Annual Premium
<input type="checkbox"/>	\$1,000,000	\$3,000,000	\$134
<input type="checkbox"/>	\$1,000,000	\$1,000,000	\$103
<input type="checkbox"/>	\$200,000	\$600,000	\$80
<input type="checkbox"/>	\$100,000	\$300,000	\$70

**Expanded Protection for Academicians with Clinical Duties required by the University or Academic Institution**

	Each Incident	Annual Aggregate	Annual Premium
<input type="checkbox"/>	\$1,000,000	\$3,000,000	\$268
<input type="checkbox"/>	\$1,000,000	\$1,000,000	\$206
<input type="checkbox"/>	\$200,000	\$600,000	\$160
<input type="checkbox"/>	\$100,000	\$300,000	\$140

**Please Note:** This application is for a Claims Made policy. The Limit of Liability in effect at the time a Claim is made will be the maximum amount available subject to the terms and conditions of the policy.

**C Check all the specific types of services provided as a Researcher or Academician:**

*(If you do not believe that your practice fits into any of the following categories, please attach a brief written description of the services you provide.)*

- Academic Advising  Serve on University or Department Committees
- Consultation  Student Evaluation and Examination
- Dissertation Committee  Supervision
- Research  Teaching

Clinical Practice *(If selected, please indicate the number of clinical hours per week.)*

Number of clinical hours per week required solely as part of your academic responsibilities \_\_\_\_\_

Number of clinical hours per week in any other setting \_\_\_\_\_

Other \_\_\_\_\_ *(Please attach a brief written description of the services you provide.)*

**D Please answer all of the following:**

- Have you had any Claims or are you aware of any circumstances that may result in a Claim arising out of your professional services (including incidents or occurrences reported to your prior carrier)?  
 Yes  No
- Have you been sanctioned or are you currently under review by any professional ethics body, university disciplinary committee, state licensing board or other regulatory body or ever had a license revoked or suspended?  
 Yes  No
- Have you been investigated for any HIPAA Privacy Rule violation or Medicare or Medicaid payment violation or are you aware of any such violation that may result in an investigation or proceeding before the United States Department of Health and Human Services (HHS) or its designee, or any state?  
 Yes  No
- Have you been declined, canceled or nonrenewed by an insurance company for similar insurance? (MISSOURI APPLICANTS – DO NOT ANSWER)  
 Yes  No

*(If you answered "Yes," to questions 1 through 4, please provide more information on a separate sheet of your letterhead and provide ALL available documentation.)*

**E Professional Liability Insurance**

1. Have you had Professional Liability Insurance (excluding student coverage) in the past 5 years?

Yes  No If "No," please skip to section F.

Please list the Named Insured as shown on your current (or most recent) insurance policy: \_\_\_\_\_

2. Was your previous coverage written in the name of your employer?

Yes  No If "Yes," please skip to section F.

3. Was this prior policy with the Trust?

Yes  No If "No," please provide carrier name: \_\_\_\_\_

4. Type of Policy:  Claims Made  Occurrence

If Claims Made, did you purchase an Extended Reporting Period or Tail?

Yes  No If "Yes," please include a copy of your Extended Reporting Period or Tail.

5. Please provide the following information related to your previous policy:

Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Per Incident Limit: \_\_\_\_\_ Aggregate Limit \_\_\_\_\_

**Please submit a copy of your most recent Declarations page. If the policy was Claims Made, this must include your Prior Acts Date or Retroactive Date.**

**F Please read, sign and date:**

In order to enhance the stability of the Professional Liability Insurance Program, the Trust has formed a 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 purchasing group by ACE American Insurance Company. Once this application has been approved and the premium has been received, you will automatically become a member of the Psychologists Purchasing Group Association and obtain the insurance coverage afforded through the Purchasing Group policy on an annual term, by issuance to you of a copy of the Purchasing Group policy and/or a certificate of insurance. (This paragraph does not apply to New York Applicants.)

The insurance described herein is subject to all terms, conditions and exclusions of the policy. I understand that I am only covered by this insurance as a Research, Academic or Educational Psychologist. I understand that coverage is NOT provided for any direct psychological services, including testing and personnel assessment, unless the expanded protection option is selected and then only those psychological services required by my Academic Institution.

This application is subject to the underwriter's approval. Your completion of this application and premium payment does not obligate the insurance company to issue you insurance coverage. Coverage will become effective following approval of your application and clearance of your premium.

**YOUR APPLICATION CANNOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY.**

The applicant declares the information contained in the application and any attachments hereto is true and complete and that no material facts have been concealed, suppressed, misrepresented or misstated. 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. FOR WASHINGTON APPLICANTS 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 include imprisonment, fines and denial of insurance benefits.

I agree to abide by the ethical standards of the American Psychological Association, including those standards relating to sexual intimacies with clients, dual relationships with clients and consultation with other psychologists/professionals.

I understand that the insurance applied for provides coverage for covered claims that are first made and reported to the company during the policy period for acts that occur after the policy's retroactive date and prior to the expiration date of the policy.

The undersigned acknowledges and agrees that information contained in this application, as well as subsequent information released in the underwriting or claim settlement process may be shared with the Trust for the purpose of their advocating on your behalf or development of risk management materials. For purposes of risk management materials, individual confidentiality will be protected.

**The applicant agrees if the insurance coverage applied for is written, that this application and any attachments are deemed attached to and incorporated into the policy.**

SIGNATURE OF APPLICANT **X** \_\_\_\_\_ DATE **X** \_\_\_\_\_

(This must be signed by the individual applying for insurance. Signature stamps are not acceptable.)

How did you hear about the Trust?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> APA Brochure          | <input type="checkbox"/> APA Web site            | <input type="checkbox"/> E-mail                | <input type="checkbox"/> Previous Professional Policy |
| <input type="checkbox"/> APA Graduate Students | <input type="checkbox"/> Colleague/Word of mouth | <input type="checkbox"/> Employer              | <input type="checkbox"/> Previous Student Policy      |
| <input type="checkbox"/> APA Membership        | <input type="checkbox"/> Convention              | <input type="checkbox"/> Internet Search       | <input type="checkbox"/> Professional Organization    |
| <input type="checkbox"/> APA Monitor Ad        | <input type="checkbox"/> Direct Mail             | <input type="checkbox"/> Newsletter/Periodical | <input type="checkbox"/> University Program           |
| <input type="checkbox"/> Other: _____          | Comments: _____                                  |  |   |

Please return your completed application and a copy of your business card or letterhead to:



**Trust Risk Management Services, Inc.,  
1791 Paysphere Circle, Chicago, IL 60674**

**For faster service, fax your application to 1-877-251-5111. If replacing coverage, please return your application at least 30 days before your expiration date. Please type or print clearly. Answer ALL questions completely.**

Underwritten by ACE American Insurance Company. Administered by Trust Risk Management Services, Inc. (Florida Producer H. Stuart Benas License# E013597). The completion of this application or the tendering of premium does not bind coverage. The application is subject to the Company's Underwriting Rules.

**If you have any questions, please call TRMS toll-free at 1-877-637-9700 or E-mail TRMS at info@trustrms.com**

If you prefer to pay by credit card, we accept Visa and Mastercard. Please provide credit card information in the space below if payment by credit card is desired.

VISA   MASTERCARD 

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_ Amount: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  Same as Above

## **ACE USA PRIVACY POLICY**

The ACE USA Group of Insurance Companies values its relationships with customers. Protecting the privacy of customer information is of great importance. ACE wants each customer to understand how the confidentiality of that information is protected, and under what circumstances it may be disclosed. The following describes the practices and procedures for protecting the security of nonpublic personal information regarding ACE customers both while ACE Companies are in a direct relationship, and subsequently. This privacy policy applies to all ACE USA insurance companies, which are a part of the ACE Group of Companies.

### **INFORMATION COLLECTED**

The information collected with respect to customers varies depending on the type of product or service applied for or purchased, and may include:

- Information received from a customer, such as name, address, age, phone number, social security number, assets, income, or beneficiaries;
- Information regarding a customer's transactions with ACE Companies and their affiliates, or with others; such as policy coverage, premium, payment history, motor vehicle records; and
- Information received from a consumer-reporting agency, such as a customer's credit history.

### **INFORMATION DISCLOSED**

ACE Companies will not disclose any personal information with respect to a customer to anyone except as is necessary in order to provide products or services to that customer or otherwise as may be required or permitted by law.

ACE Companies may disclose any of the information that is received to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements.

### **RIGHTS OF CUSTOMERS TO VERIFY THE ACCURACY OF INFORMATION COLLECTED**

Maintaining the accuracy and currency of customer information is important. A customer may review and correct their personal information in the possession of ACE Companies, except for information relating to a claim or a criminal or civil proceeding.

### **CONFIDENTIALITY AND SECURITY**

Access to personal information about a customer is restricted to ACE employees, employees of affiliates of ACE Companies, or others who have a need to know that information in order to service a particular account. Physical, electronic, and procedural safeguards shall be maintained at all times to protect personal information of ACE customers.

### **COMMUNICATIONS**

Any questions received from customers concerning the ACE USA Privacy Policy may be referred to ACE Customer Relations TL30K, 1601 Chestnut Street TL30K, P.O. Box 41484, Philadelphia, PA 19101-1484.

ACE American Insurance Company	Insurance Company of North America
ACE American Lloyds Insurance Company	Pacific Employers Insurance Company
ACE Employers Insurance Company	Westchester Fire Insurance Company
ACE Fire Underwriters Insurance Company	Westchester Surplus Lines Insurance Company
ACE Indemnity Insurance Company	ACE American Reinsurance Company
ACE Property & Casualty Insurance Company	Century Indemnity Insurance Company
Allied Insurance Company	Century Reinsurance Company
Bankers Standard Fire Marine Company	Atlantic Employers Insurance Company
Bankers Standard Insurance Company	ACE Insurance Company of the Midwest
Illinois Union Insurance Company of NA	ACE Insurance Company of Ohio
INA Surplus Insurance Company	ACE Insurance Company of Texas
Indemnity Insurance Company of North America	
Industrial Underwriters Insurance Company	

Effective as of 4/12/04.

## AGENT PRIVACY POLICY

### NOTICE OF PRIVACY POLICIES PURPOSE OF THIS NOTICE

The privacy of personal information is important to **Trust Risk Management Services, Inc. ("TRMS")** and its affiliate and parent organization, **American Psychological Association Insurance Trust ("the Trust")**. Title V of the Gramm-Leach-Bliley Act ("GLBA") is a United States law that generally prohibits any financial institution, directly or through its affiliates, from sharing nonpublic personal information about consumers or customers with a nonaffiliated third party unless the institution provides the appropriate consumer or customer with a notice of its privacy policies and practices, such as the type of information that it collects from consumers and customers and the categories of persons or entities to whom the information may be disclosed. In compliance with the GLBA and state laws relating to privacy in the industry, and in order to notify our clients of our privacy practices, we are providing you with this document to inform you of our privacy policies and practices.

### OUR PRIVACY POLICIES AND PRACTICES

The Trust, through its subsidiary TRMS, provides insurance brokerage and related services to individual clients ("Clients").

#### **1. Information we collect:**

We collect nonpublic personal information about our Clients and their employees, should they have any, from the following sources:

- Information we receive from Clients on applications or other forms in connection with providing insurance services to Clients.
- Information we receive as a result of processing and verifying the information provided to us about Clients.
- Information we receive from affiliates, insurers, other intermediaries, and others about our Clients.
- Information we receive from consumer reporting agencies.
- Information available from external sources (such as publicly available records).

#### **2. Information we may disclose to third parties:**

We do not disclose any nonpublic personal information about our Clients or former Clients to any third parties, except as stated in this policy and as otherwise permitted by law. We may share this information outside the company in order to process, complete, or otherwise in connection with, the transaction for which the information was provided or as otherwise authorized by our Clients. These types of disclosures include those that will enable another entity to perform a business, professional, or insurance function for us. The law permits us to share this information with our affiliates.

We may also disclose any or all of the information we collect, as described in Section 1 above, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements.

The GLBA and this notice do not effect any rights an individual Client may have under the Fair Credit Reporting Act.

#### **3. Our practices regarding information confidentiality and security:**

We restrict access to nonpublic personal information about Clients to those employees of ours and our affiliates who need to know that information in order to provide products or services to our Clients. We have physical, electronic, and procedural safeguards in place to guard all nonpublic personal information we maintain regarding Clients.

**You do not need to call or do anything as a result of this notice. It is meant to inform you of how we treat your nonpublic personal information.**

Effective as of 4/12/04.