



Physicians' Reciprocal Insurers

Healthcare Facility

Medical School/College Based Clinic Addendum

IMPORTANT: Processing of this application will be delayed if it is not completed in its entirety and the requisite attachments are not included.

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Roslyn, New York 11576
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HEALTHCARE FACILITY MEDICAL SCHOOL/COLLEGE BASED CLINIC ADDENDUM

1. Name: _____

2. Name of School/Clinic/Center: _____

Address: _____

3. Do you own, control, have any affiliation with, or operate a:

Medical School	Yes	No
Dental School	Yes	No
Nursing School	Yes	No
School of Allied Health	Yes	No
Medical Facility maintained for use by your students and/or employees	Yes	No
Hospital or other medical facility that serves the public	Yes	No

a. Total number of students enrolled: _____

b. Public or Private: _____

4. Are you a member of the New York State College Health Association or the American College Health Association?
Yes No

INFIRMARY/CLINIC

1. Does the educational institution maintain a clinic or infirmary for use by:

Students	Yes	No
Employees	Yes	No
Others	Yes	No

If "others", please explain: _____

Indicate the number of infirmary beds for overnight stays: _____

Annual number of admissions: _____

2. If "yes" to any part of question 1 above, complete questions below:

a. Indicate the number of personnel

	<u>Employed</u>	<u>Contracted</u>
Physicians (except counselors of any sort):	_____	_____
Physician Assistants or Nurse Practitioners (except counselors of any sort):	_____	_____
Nurses, athletic trainers or allied health Personnel (except counselors of any sort):	_____	_____
Physical Therapists :	_____	_____
Other:	_____	_____

b. If there are contracted professionals, in the item a. above, are these individuals required to provide:

Evidence of current applicable license(s)	Yes	No
A written agreement that indemnifies the institution	Yes	No
Evidence of current professional liability insurance	Yes	No



c. Indicate the types of services provided at student clinics/infirmaries (check all that apply)

- Emergency care
- Contraception
- Immunizations/allergy injections
- STD testing and treatment
- Sports Medicine
- Diagnostic evaluations, such as hearing, vision, etc.
- Pharmacy
- Laboratory services
- Diagnostic imaging
- Other (describe): _____

STUDENT COUNSELING SERVICES

1. Indicate the number of personnel providing student counseling services:

	<u>Employed</u>	<u>Contracted</u>
Psychologists	_____	_____
Social Workers	_____	_____
Other	_____	_____

2. Indicate the number of employed, contracted or volunteer peer counselors _____

3. If there are contracted professionals, in item 1. above, are these individuals required to provide:

Evidence of current applicable license(s)	Yes	No
A written agreement that indemnifies the institution	Yes	No
Evidence of current professional liability insurance	Yes	No

4. Indicate the types of counseling services provided (check all that apply):

- Suicide prevention
- Substance abuse
- Vocational/educational
- Marriage and Family
- Abortion/pregnancy avoidance/family planning
- Crisis/sexual assault/child abuse/domestic violence
- Operation of crisis telephone hotline

5. Within the past year, has the educational institution trained any of the following persons to identify students who may pose a risk or injury to themselves or others? (check all that apply):

- Student Residence Advisors (RA's)
- Other (describe): _____
- None of the above

6. Does the educational institution have a crisis management plan in the event of a suicide or other trauma involving students?

Yes No

If "yes" are students over the age of 18 notified of this policy and procedure? Yes No

7. Have you had any incident either on or off campus involving suicide or attempted suicide that you are aware of?

Yes No



If "yes", please explain:

8. Does your institution have written counseling policies that (check all that apply):

Provide criteria for referral to outside specialists
Coordinate with law enforcement/social service agencies where appropriate

INTERNS/RESIDENTS/EXTERNS

<u>Course/Program Number of Externs</u>	<u>Total Number of Interns</u>	<u>Total Number of Residents</u>	<u>Total</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Do faculty members supervise students during clinical training? Yes "*****No
If "yes", is there any written agreement with the school and faculty? Yes "*****No

2. Do non-faculty members supervise students during clinical training? Yes "*****No
If "yes" is there any written agreement between the school and the non-faculty? Yes "*****No
If "yes", what is the minimum professional liability insurance limits carried?

_____ Each claim _____ Aggregate

3. Is the clinical portion of the training taking place at a facility that is:

Non-school owned School owned Both

a. If the facility is non-school owned:

Is there a contractual agreement that requires the school to hold the non-school owned facility harmless for acts of the students while they are at the facility?

Yes No

b. If the facility is school owned:

Provide the name, if different from the school and a description of the services provided at the facility:

AGREEMENT: I understand that this insurance will only cover me for professional services performed at the addresses indicated on the declarations page of the Named Insured's policy.



NOTICE

Applicants considering claims-made coverage must take note of the following:

A claims-made policy provides no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date stated in the policy.

The policy covers claims actually made against the insured and incidents reported while the policy remains in effect and all coverage under the policy ceases upon the termination of the policy, except for the mandatory automatic extended reporting period of sixty (60) days, unless the insured purchases additional extended reporting period coverage which will provide coverage for an unlimited time period without any gap in coverage.

The rates for extended reporting period coverage will be based on the rates in effect at the time of termination of coverage and such rate may be subject to substantial increase over the rates currently in effect. The average statewide percentage changes, and the effective dates, of each rate revision which PRI has implemented in this State during the five (5) year period immediately preceding the effective date of the policy will be provided upon the written request of the insured. Such past changes may or may not be indicative of future rate changes.

Unless the insured purchases extended reporting period coverage in addition to the mandated automatic extended reporting period of sixty (60) days, there will be no coverage provided for claims-made or incidents reported after such period of sixty (60) days.

During the first few years of coverage on a claims-made basis, the annual rate is comparatively lower than occurrence rates, however, such annual rate increases significantly, independent of overall rate level increases, until the claims-made relationship reaches maturity.

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 FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Printed Name

Signature

Date