

Student Liability Insurance Information Form

Academic Year 2024-2025

Please type all the information

Student Name:

Mailing Address:

Email Address:

Phone Number:

The following are questions required by the insurance company.

1. Have you ever been refused coverage for professional liability or malpractice insurance, or has your malpractice or professional liability insurance ever been canceled or declined for renewal (non-renewed)? **YES** **NO**
2. Has any claim or suit ever been brought against you for alleged malpractice or professional liability, or are you aware of any incident or existing circumstances that might reasonably lead to a claim or suit? **YES** **NO**
3. Have you ever been accused of sexual misconduct or any professional impropriety?
 YES **NO**
4. Have any complaints ever been filed against you with a peer review committee or an ethics committee of a professional association, hospital, health care facility, or any other governmental or private entity? **YES** **NO**

If your answer to any of the questions is “YES,” please provide a detailed explanation on a separate sheet and include any pertaining documentation from a licensing board, ethics committee, professional association, or health care facility (e.g. complaint, dismissal letter, consent agreement, or pertinent court documents).