

**Application
Professional Liability Insurance for Health-Related Disciplines
Kentucky Community and Technical College System**

Name _____ College _____

Home Address _____
(State) (Street) (City) (County)

Social Security Number _____

Policy period will be one (1) year from date application is received.

Program (Check One)

- | | |
|--|---|
| <input type="checkbox"/> Bio-Medical Equipment | <input type="checkbox"/> Medication Aid |
| <input type="checkbox"/> Clinical Lab Tech | <input type="checkbox"/> Medicaid Nurse Aid |
| <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Dental Hygiene Program | <input type="checkbox"/> Nursing/Practical Nursing |
| <input type="checkbox"/> Diagnostic Medical Sonography | <input type="checkbox"/> Occupational Therapy Assistant |
| <input type="checkbox"/> Early Childhood Education/Child Development | <input type="checkbox"/> Pharmacy Technology |
| <input type="checkbox"/> EMT Paramedic | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Radiography |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Medical Lab Tech | <input type="checkbox"/> Surgical Technology |
| <input type="checkbox"/> Medical Office Tech | |

I agree to notify the Business Office in writing of any incident that may result in a claim.

Date _____ Signed _____
(Applicant)

Annual student premium is \$20.00 (Prorating is not permitted)

To enroll, application must be completed, signed, dated and submitted to your College Business Office along with the premium.

Students must enroll in the professional liability insurance program prior to any clinical (patient care) activity.

(Items below line for College use only)

PAYMENT: Money Order _____ Amount Received _____
Cashier Check _____ Date Payment Received _____