Malpractice Insurance Student Coverage Verification Form

As an IVC nursing/allied health student, I verify below that I have paid the student blanket malpractice insurance fee of $13.00 to the IVC Business Office, Cashier’s Window, on the date below and understand that I am only covered as a student while in training for that particular program. Coverage expires when the program is over. I understand that I must pay this fee upon entering the course and on an annual basis while in the program. If I withdraw, the fee is NON-refundable and must be paid upon re-entering. I understand that this is NOT a health insurance related fee.

Insurer: Healthcare Providers Service Organization (HPSO)
159 E. County Line Road
Hatboro, PA 19040-1218
(800) 982-9491 / www.hpso.com

Coverage:

A. Professional Liability $1,000,000 each claim / $5,000,000 aggregate

B. Coverage Extensions:
   1) Grievance Proceedings $1,000 per proceeding/$10,000 aggregate
   2) Defendant Expense Benefit $10,000 aggregate
   3) Deposition Representation $1,000 per deposition/$5,000 aggregate
   4) Assault $1,000 per incident/$25,000 aggregate
   5) Medical Payments $2,000 per person/$100,000 aggregate
   6) First Aid $500 per incident/$25,000 aggregate
   7) Damage to Property of Others $250 per incident/$10,000 aggregate

Period of Coverage: 11/1/2009 to 6/30/2010

Name: ____________________________ G#: ____________________________ Date: ____________________________

Program: Circle one:

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Date Paid: ____________________________ Receipt #: ____________________________