

Imperial Valley College
Division of Nursing Education and Health Technologies

**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 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: 11/2009 to 11/2010 (while in training only)

Name: _____

G#: _____

Date: _____

Program: Circle one:

RN Semester: 1st 2nd 3rd 4th Re-entry Year: _____

VN Semester: 1st 2nd 3rd Re-entry Year: _____

Paramedic Semester: 1st 2nd Re-entry Year: _____

EMT Semester: Fall Spring W/F Class T/Th Class _____

CNA Semester: Fall Spring AHP 060/Valdez AHP 060/Saldana _____

MA Class: AHP 074 AHP 086 _____

Date Paid: _____

Receipt #: _____