

Liability Insurance

You are responsible for obtaining insurance in your name and sending a copy of the policy face sheet to our office as part of approval paperwork process before you can begin a practicum or internship. Most companies offer Professional Liability for Students/Interns, which is the insurance you will need. The face sheet should include the amount of coverage, the effective dates of the policy, and the minimum amounts acceptable. The insurance coverage should be **\$1 million per occurrence and \$3 million aggregate**. Professional liability insurance coverage must start on or before the start of the Internship so that coverage starts on or before the first day on site and remains in effect for the duration of class enrollment. However, you should also check with your state to see if your state has a higher amount of minimum insurance coverage required for mental health interns.

Some organizations you can contact about insurance include:

- Healthcare Providers Service Organization (HPSO) 1-800-982-9491 or hpso.com (preferred)
- American Association of Christian Counselors (AACC) 1-800-526-8673
- American Counseling Association (ACA) 1-800-545-2223 (can also be helpful for Canadian students) (preferred)
- American Professional Agency, Inc. 1-800-421-6694

Examples are on pages 2-4.



ACA STUDENT POLICY EVIDENCE OF INSURANCE

ACA Member ID #: [REDACTED]

ACA Member Expiration Date: [REDACTED]

Member
Name/Address:

[REDACTED]

This policy is available to eligible registered Student Members of the American Counseling Association (ACA).

Coverage: Professional Liability, Occurrence Form

Institution: Liberty University

Master Policy Number: [REDACTED]

Limits of Liability: Virginia Students Only
\$2,150,000 each claim / \$4,000,000 aggregate - Each Student
\$6,000,000 Policy Aggregate

[Amendment of Certificate of Insurance](#) (opens in a new tab or window)

Student Member Eligibility

Registered ACA student members are eligible for coverage when they are enrolled and engaged in a master's degree counseling curriculum at a post secondary institution. Coverage is available to ACA student members solely while performing counseling services related to such curriculum.



HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP

Certificate of Insurance



OCCURRENCE POLICY FORM

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	Policy Period:
018098	970	HPG		From 02/01/15 to 02/01/16 at 12:01 AM Standard Time

Named Insured

Program Administered by:
Healthcare Providers Service Organization
159 E. County Line Road
Hatboro, PA 19040-1218
1-800-982-9491
www.hpso.com

Medical Specialty _____ **Code** _____ **Insurance is provided by:**
American Casualty Company of Reading, Pennsylvania
333 South Wabash Avenue Chicago, Illinois 60604

Professional Liability _____ \$1,000,000 each claim \$3,000,000 aggregate

- Your professional liability limits shown above include the following:
- Good Samaritan Liability
 - Malplacement Liability
 - Personal Injury Liability
 - Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

Defendant Expense Benefit	\$ 1,000 per day limit	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per deposition	\$ 10,000 aggregate
Assault	\$ 25,000 per incident	\$ 25,000 aggregate
<i>Includes Workplace Violence Counseling</i>		
First Aid	\$ 10,000 per incident	\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Information Privacy (HIPAA) Fines & Penalties	\$ 25,000 per incident	\$ 25,000 aggregate

Total: \$35.00

Premium reflects student rate.

Policy Forms & Endorsements (Please see attached list for a general description of many common policy forms and endorsements.)
G-121500-D G-121501-C GSL13424 GSL15563 GSL15564 GSL15565 GSL17101 G-123846-C45

Thomas F. Motamed
Chairman of the Board

John A. Walker
Secretary

Keep this Certificate of Insurance in a safe place. This Certificate of Insurance and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.



**American Association of Christian Counselors
Student Policy Evidence of Insurance**

AACC Membership ID#:

AACC Member Expiration Date:

Member Name:

Address:

**This policy is available to eligible registered Student Members of the
American Association of Christian Counselors (AACC)**

Coverage:	Professional Liability, Occurrence Form
Master Policy Number:	411938958
Effective Date:	03/01/2015 - 03/01/2018
Limits of Liability:	\$1,000,000 each claim / \$3,000,000 aggregate - Each Student\$6,000,000 Policy Aggregate

Student Member Eligibility

Registered AACC student members are eligible for coverage when they are enrolled and engaged in a master's degree counseling curriculum at a post secondary institution. Coverage is available to AACC student members solely while performing counseling services related to such curriculum.

AACC student members are not eligible for coverage when enrolled in a bachelor degree program, doctoral degree program or other post masters program. Coverage terminates when the AACC student member graduates from the master's degree program, or their AACC membership is terminated or expires or the master policy is non-renewed or cancelled.

Important Information

If this Certificate has been issued to an ineligible AACC student member, there is no coverage afforded under the AACC Student policy.

Terms and conditions of coverage are specified in the master policy held by the AACC. Only the policy can provide the actual terms, coverage's, amounts, conditions and exclusions. Please contact HPSO directly for a free copy of the complete policy.

An AACC membership card in conjunction with this notice should serve as acceptable evidence of insurance to anyone requiring AACC students to carry professional liability insurance. Please call AACC Member Services with any questions or for a duplicate certificate of insurance toll free at 1-800-526-8673.

In case of an incident or suit is brought against you, please contact HPSO at 1-800-982-9491 or the HPSO Account Manager for AACC, Roxanne Monte at 215-293-1270.





AACC Student Policy Evidence of Insurance

Occurrence Form

Effective Date: 3/1/2018 - 3/1/2019

AACC User ID#	Master Policy Number	AACC Member Expiration Date	
	411936958		
Member Name and Address:		Program Administrator:	
		Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034	
Medical Specialty:		Insurance Provided by:	
Counseling Student		American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue Chicago, IL 60604	
COVERAGE PARTS		LIMITS OF LIABILITY	

A. PROFESSIONAL LIABILITY

Professional Liability (PL)	\$1,000,000	each claim	\$3,000,000	Aggregate – each student
			\$6,000,000	Policy
				Aggregate
Good Samaritan Liability		included above		
Personal Injury Liability		included above		
Malplacement Liability		included above		

Student Member Eligibility

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An AACC membership card in conjunction with this notice should serve as acceptable evidence of insurance to anyone requiring AACC students to carry professional liability insurance. Please call AACC Member Services with any questions or for a duplicate certificate of insurance toll free at 1-800-526-8673.

In case of an incident or suit is brought against you, please contact HPSO at 1-866-269-4793.

Claims history and credentialing requests may be forwarded to Chris.Buseman@aon.com.